

FACILITATING HEALTHY PARENTING ATTITUDES AND BEHAVIORS
AMONG ADOLESCENTS USING FILIAL THERAPY IN A HIGH SCHOOL
CURRICULUM

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Dissertation Prepared for the Degree

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August, 2001

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Hilpl, Kimberly A. Facilitating Healthy Parenting Attitudes Among Adolescents Using Filial Therapy in a High School Curriculum, Doctor of Philosophy (Counseling and Student Services), August 2001, 119 pp. 20 tables, references, 101 titles.

This study was designed to investigate the effectiveness of a filial therapy training model with high school students enrolled in a Peer Assistance Leadership (PAL) program. Specifically, this study was designed to determine the effectiveness of filial therapy in: (1) increasing observed empathic behavior with children, (2) increasing acceptance toward children, (3) increasing the ability to allow children self-direction, and (4) increasing the level of involvement with children. Additionally, this study was designed to determine the effectiveness of filial therapy in facilitating healthy parenting attitudes of nonparenting adolescents. A research question was presented to determine if a relationship exists between empathy, acceptance, involvement and allowing children self-direction and other factors considered to be healthy parenting attitudes.

An Analysis of Covariance on post-test scores revealed significant findings in the high school students ability to demonstrate empathy towards children, allowing the child self direction, communication of acceptance, and involvement as measured by the Measurement of Empathy in Adult-Child Interactions (MEACI). An Analysis of Covariance on post-test scores revealed no significant changes in parenting attitudes as measured by Adult-Adolescent Parenting Inventory (AAPI-2).

A Bivariate Correlation revealed a statistically significant correlation between the Empathy, Acceptance, Allowing the Child Self-Direction and Involvement scales on the Measurement of Empathy in Adult-Child Interactions (MEACI) and the Oppressing

Children's Power and Independence scale on the Adult-Adolescent Parenting Inventory (AAPI-2).

This study supports the use of filial therapy as an effective training model for increasing high school students' empathic behavior with children. Filial therapy training offers significant possibilities for future use in high school curricula to facilitate the development of healthy parenting attitudes and interactions between future parents and children.

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ACKNOWLEDGMENTS

I gratefully acknowledge the Sanger Independent School District and Sanger High School for granting permission for this research to be conducted in their school. I also extend my deepest gratitude to my major professor and mentor, Dr. Garry Landreth, for his enthusiastic leadership and faithful guidance. I also thank Dr. Sue Bratton and Dr. Henry Harris for their assistance and expertise in completing this study.

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CHAPTER I

INTRODUCTION

According to the Statistical Handbook on Adolescents in America (Chadwick & Heaton, 1996), 88% of high school seniors surveyed reported that they wanted to have children. An estimated 63% of the seniors wanted to be married within five years after graduation. Furthermore, Calvert and Stanton (1992) discovered that 89% of interviewed adolescents planned to be parents with both boys and girls equally committed to parenthood. A recent survey, *What Grown-Ups Understand About Child Development: A National Benchmark Survey* (CIVITAS Initiative, Zero to Three, Brio, & DYG, 2000) revealed that future parents (those without children, but planning to have children soon) show the highest level of confusion and misinformation regarding child development and child rearing practices. This finding is alarming because according to Secombe (1991) only an estimated 10 percent of the United States Population plan to remain childless.

Additionally, as reported in the study (CIVITAS et. al., 2000), there are other important areas in which there are significant gaps in knowledge and preparedness for parenthood. Of the participants in the study: one third felt very prepared for parenthood, one third felt somewhat prepared for parenthood and one third felt very unprepared for parenthood. The issue of readiness for parenting cuts through socioeconomic status and level of education. Even after the first child was born 39%, of people who had a high school education or less felt only slightly prepared or not prepared at all. Only 41% of respondents who held a college degree or more felt totally or quite prepared for

parenthood. These numbers alone suggest the need for parent education prior to conceiving children. Additionally, of the respondents who did not currently have children, 68% believed that, in general, most parents in this country are only slightly or not prepared at all when they have their first child. These gaps convey very real implications for how adults will interact and raise children in America today.

Negative parenting exists as one of society's most devastating legacies and includes parental attitudes and behaviors that significantly hinder or fail to promote children's, physical, emotional, and intellectual growth. There is also evidence to suggest that parenting skills in the United States have begun to sharply deteriorate. According to the 1996 Third National Incidence Study of Child Abuse and Neglect, a child's risk of experiencing abuse or neglect is two thirds higher than it was at the time of the last study in 1986 (U.S. Department of Health and Human Services, 1996).

Despite the pervasive problem of destructive parenting, preventative strategies for improving parenting approaches are uncommon. Most often attempts to mitigate poor parenting occur subsequent to significant injury or neglect of a child. These interventions are commonly applied after parents have acquired their parenting style rather than during the early stages of development, when parenting attitudes and behaviors are more malleable. Typically, attempts to educate potential parents occur just weeks prior to their child's birth, with the focus being on preparation for childbirth and providing for the physical needs of the infant with limited information on the emotional and relational needs of children. Even though most roles take years of learning, socialization, and interaction to develop, the parental role is incorrectly assumed to be

initiated immediately prior to or following the birth of a child. Instead, research suggests parenting attitudes and roles begin forming in early childhood and continue to form through adolescence (Fagot, Leinbach & O'Boyle, 1992). Therefore, it is important to begin facilitating healthy parenting attitudes as early as possible, especially during high school to better prepare individuals for the role of parent.

Although there is a great deal of literature dealing with many aspects of parenting, very little of what is available addresses parenting skills that are preventative in nature; teaching parenting skills before adults become parents. Since World War II, high schools in the United States have stood as the doorway between childhood and adulthood. Today, that doorway holds open one of the few passageways into facilitating healthy parenting attitudes and education. During the four years of high school, many of the demands and responsibilities, such as childcare, previously withheld from students become the focus of their attention as they prepare to take their place as adults. Parenthood education needs validation through the school's official curriculum (Prothrow-Stith, 1994).

Because parental empathy and parental acceptance are important to children's psychosocial adjustment and development (Goleman, 1995; Gordon, 1970, Reif & Stollak, 1972; Stover, L. Guernsey, O'Connell, 1971), these two parenting qualities are considered significant indicators of positive parenting (Gordon, 1970; Reder & Lucey, 1995). The development of acceptance and empathy has been the focus of a variety of parent education programs (Dinkmeyer & McKay, 1989; Faber & Mazlish, 1980; Gordon, 1970; Lerman, 1984; Popkin, 1983; Stover et al., 1971). It is filial therapy,

however, which focuses on both teaching therapeutic skills, including empathy and acceptance and the parent-child relationship (Bratton, 1993; Landreth 1991; Stover & Guerney, 1967; Stover et al. 1971).

Filial therapy is designed to facilitate a child's communication of feelings, thoughts and needs to a parent or parent figure and to bring the child a greater feeling of self-respect, self-confidence and self-worth (Guerney, 1964). Filial therapy has been found to be effective in increasing parental acceptance and empathic behavior of children (Bratton & Landreth, 1995); Glass, 1986; Lebovitz, 1982; Landreth & Lobaugh, 1998; Sensue, 1981, Sywulak, 1977/1978). Acceptance has in turn been linked to higher levels of self-esteem in children (Porter, 1954). Increased self-esteem in parents and children can provide confidence to master life's tasks. The filial therapy model has been extended for use with peer helpers, grandparents, teachers and undergraduate college students in training to become teachers (Baggerly, 1999; Bratton, Ray, & Moffit, 1998; Brown, 2000; Guerney & Fluman, 1970).

Since appropriate parenting practices require positive self-esteem, knowledge of child development, skills in positive discipline techniques and empathy and acceptance of children, the foundation for these skills should begin many years prior to becoming a parent. Filial therapy focuses on both the child and the parent and promotes healthy parent-child relationships through training and supervising in the basic skills of child-centered play therapy. Those receiving the training typically conduct a weekly 30-minute special play-time with a child, while learning to convey acceptance, empathy, and encouragement, as well as mastering the skills of setting appropriate limits. Teaching

filial therapy to high-school students offers a unique opportunity to facilitate and promote healthy parenting attitudes at an optional time prior to becoming a parent.

Statement of the Problem

The problem with which this investigation was concerned was that of determining the effectiveness of filial therapy as a method of developing competent parenting attitudes and behaviors for adolescents prior to becoming parents themselves. Specifically, this study was designed to: (a) to determine the effectiveness of filial therapy in increasing adolescents' empathic behavior with children; (b) to determine the effectiveness of filial therapy in increasing adolescents' ability to communicate acceptance toward children; (c) to determine the effectiveness of filial therapy in increasing adolescents' positive parenting attitudes; (d) to determine if there are correlations between the posttest scores on the Measurement of Empathy in Adult-Child Interaction (MEACI) and the posttest scores on the Adult-Adolescent Parenting Inventory (AAPI-2).

Review of Related Literature

The following review is a synthesis of theory and research in three areas: (a) adolescent development, (b) parent education including parental empathy and acceptance and (c) filial therapy, including a review of the background, rationale, and research in filial therapy.

Adolescent Development

In today's society, young people begin to assert their own views and preferences as separate from those of their parents and teachers during adolescence. It is during this

time that adolescence begin to make their presence known as future adults who will take their place within society. Late adolescence (from age 16 years to 19 years) is characterized by a developing sense of being separate individuals with their own perspectives and opinions; views which do not always coincide with those of their parents (Gemelli, 1996).

Adolescence makes up the transitional period between childhood and adulthood and is a time of role and self-identity development. During this time many factors influence the biopsychosocial changes. As reported by Lefrancois (2001) there are five major changes in the thinking of the adolescent: (1) adolescents are better able to deal with the possible rather than simply what is real; (2) adolescents are better at thinking about abstract things; (3) adolescents think more about the process of thinking itself, having better metacognitive skills or being more aware of their own cognitive processes; (4) an adolescent's thinking becomes more multidimensional which allows adolescents to interpret events in richer ways and to understand people in greater depth and (5) adolescents' thinking is more relative and in a sense, more adult-like as they are able to look at a question from more than one angle and consider more than one possible answer to a situation. This growing intellectual capability enables the adolescent to not only deal with knowledge of themselves, but also what they can imagine about themselves in the future (Collins & Kuczaj, 1991). While not all adolescents have matured to formal thought, it is an ideal time to introduce such ideas as parenting styles, relationships with others including children and empathic responses.

Parent Education

The concept of parent education has been used since the 1920's (Hamner & Turner, 1996). Between the 1930's and the 1970's parent education programs were developed as researchers such as Ginott (1965) and Dreikurs (1968) began to report their findings which provide the foundation for present parenting strategies. Parent education efforts during the 1960's and 1970's were primarily focused on changing the impact of parents' on children's development (Clarke-Stewart, 1988).

Changing parents' attitudes and beliefs about children is the first step in changing behavior (Hamner & Turner, 1996). During the 1980's, research continued to elucidate that parent education was beneficial to both parents and children. The research which evolved in this decade supported the view that programs should be developed in which "parents are provided with information that would increase their knowledge and change their beliefs about child development in general and about their own beliefs about their own children in particular" (p.25, as cited in Hamner & Turner, 1996). Results from research of the 1980's suggested that parent-training models are most useful if the training is thorough and followed carefully to assess changes in parent's behaviors and beliefs. In the 1990's the changes in the structure of American families such as the increase in the incidence of divorce, child abuse, emotional disturbance and teen-age pregnancy has been identified as current indicators of the need for parent education (Hicks & Williams, 1981; Pehrson & Robinson, 1990). While the need for parent education seems obvious, parent education programs are designed to help parents become

more effective in their roles, with very little focus on educating individuals who plan to be parents in the near or distant future.

The central role of the family in the physical, emotional, and social well-being of children has long been recognized (Pickarts 1970). Parents are the most important factor in enabling the healthy growth of children. Parents also build the groundwork for how a child feels about him or herself whether it be positive or negative. Parents provide the foundation for developing a children's capacity for effective interaction with this world. From the beginning of life, what children learn is grounded in what parents teach. Whether the parent is aware of this process or not, the teaching role includes the development of healthy parenting attitudes and skills and how these skills, such as empathy, age-appropriate expectations for children, acceptance, and discipline are manifested in parent-child interactions (Hamner & Turner, 1996).

Parental Acceptance

Parental acceptance can be defined as the ability of parents to recognize and accept their child regardless of appearance, abilities, or behavior. This unconditional parental acceptance is expressed when parents recognize that their child is a unique individual with feelings that need to be expressed. Parental acceptance entails the recognition of a child's need to differentiate from the parent and become an autonomous individual (Porter, 1954). Porter identified parental acceptance as one of the essential elements underlying the whole structure of the parent-child relationship.

According to Coopersmith (1967) parental acceptance is expressed by a parent's sensitivity to a child's needs, desires, and interests, and a parent's unconditional love and

approval of a child, without regard to the child's appearance, abilities or performance.

Parental acceptance helps children learn that they can depend on others for support and help in life. With freedom from anxiety that accompanies an accepting relationship with parents, children gain an assuredness of their own worth and are able to express feelings for others and work toward growth and maturity (Perkins, 1974).

Rogers (1951) suggested that a relationship of acceptance reduces the need for defensiveness and allows the child the freedom to explore new ways of feeling and behaving. Research has shown a correlation between parental acceptance and adjustment in children. Cox (1970) and Eisman (1981) asserted that parental acceptance is highly correlated to a child's self-concept. Burchinal, Hawkes, and Gardner (1957) found that children who had fathers who were accepting scored lower on social maladjustment scales, and children whose mother's were accepting scored lower on personal inferiority measure. Ausbel (1954) found that children's perceptions of acceptance by parents are highly related to their perception of intrinsic valuation. One of the major conditions needed to develop children's self-esteem is parental acceptance (Cooper, Holman, & Braithwaite, 1993; Coopersmith, 1967).

Rohner and Neilson (1980) found that personality and behavioral dispositions of children varied directly with children's perception of parental acceptance-rejection.

Parental acceptance or rejection affects the all facets of children's lives:

Parental acceptance or rejection predicts that rejected or emotionally abused children everywhere tend more than the accepted children to be hostile and aggressive, or to have problem with the management of

hostility and aggression; to be dependent or defensively independent depending on the degree of rejection; to be emotionally unstable; to be emotionally unresponsive and to have a negative view of the world (p. 5).

In a study by Baumrind (1967), self-controlled, self-reliant, explorative, and content pre-school children were found to have parents who manifested positive behavior and who were more consistent, more loving, and more secure in child-rearing methods. These parents were also more likely to have communicated more closely with their children and did not over-protect or over-restrict their children.

Empathy

Empathy is defined as the ability to identify with or understand someone else's feelings. Feshbach (1987) purported that empathy is composed of three parts: "...the capacity to differentiate between cognition and affect and to label these in a separate person;...the ability to 'role play';... the capacity to make a response to another's affective state" (p. 85). Research has shown that it is possible to teach these skills through training (Martin, 1989; Therrien, 1979; Ware, 1977).

Empathy is a valuable parenting tool which depends on the psychological health and well-being of parents. The application of empathy in the parenting relationship specifically enables parents to understand their children's experience not from their own perspective, but from that of their child's. Empathic understanding allows parents to respond accurately to children's needs, wishes and demandingness (Miliora, 1993). Furthermore, the full development of the capacity for empathy requires that an individual be secure and able to step into the experience of others. Empathic responsiveness on the

part of parents and caregivers toward children is particularly important. Responsiveness is derived from accurately understanding the experience of the individual child, the unexpressed meaning behind a child's behavior. Miliora (1993) emphasized the importance of teaching and increasing empathic responses. She suggested that the development of empathy should start as an educational effort through schools to expand empathic responses among children and adolescents using both didactic and experiential methods.

According to, Feshbach (1989, p.355), "an empathic parent will manifest greater understanding of a child...than would a nonempathic parent. The empathic parent is better able to identify a child's feeling...and to appreciate a child's perception of a situation (role-taking)."

Discipline

Another important parenting attitude is the attitude toward discipline style and means of punishment used by parents. Methods of discipline vary from strong beliefs about physical punishment to valuing alternatives to physical punishment. A trait of abusive parents is that they often have strong beliefs about physical punishment and defend their right to use physical force. Children who experience recurrent expressions of violence in their own family tend to learn and believe that violence is a useful way to solve problems. These children, upon becoming parents, tend to punish their children more severely and as a result often become abusive parents themselves (Bavolek, 1984). Elster and Lamb (1986) reported that adolescents who are presently parenting often have

grown up in families characterized by emotional deprivation, rejection, and exposure to violent behavior.

Child Development and Appropriate Expectations

According to Rickel (1989), a parents' accurate expectations of a child's behavior is necessary to foster appropriate parenting practices. If a parent has inaccurate ideas about a child's behavior, negative interactions or over-reactive responses are likely (Bradley & Peters, 1991). Bavolek (1984) reported that beginning early in an infant's life, abusing parents have a tendency to inaccurately perceive the skill and abilities of their children. In these misperceptions, children are expected to behave in a manner that is incongruent with expectations of their developmental stage. Inappropriate expectations may stem from the parent's own inadequate perception of self, as well as from a lack of knowledge of the needs and capabilities of children at each developmental stage.

Filial Therapy

Bernard and Louise Guerney developed filial therapy in the 1960's (B. Guerney, 1964) to facilitate the emotional growth of emotionally disturbed children by enhancing the parent-child relationship through the use of special play times during which parents practiced child-centered play therapy skills. The Guerney's were not the first to utilize a playtime between a parent and a child for therapeutic value. As early as 1909 Freud (1959) instructed the father of "Little Hans" in conducting play times with his child. Freud successfully treated the young boy's phobias through instructing the father regarding play times at home.

An example of the application of child-centered play therapy principles and skills to a parent-child relationship was Natalie Rogers Fuchs' (1957) work with her daughter in helping the child overcome emotional problems associated with toilet training. Fuchs was given instruction by her father, Carl Rogers, during the period she had play times with her daughter. Fuchs' play times with her daughter not only resulted in an alleviation of the symptomatic behavior, but Fuchs also reported positive changes within herself. Moustakas (1959) advocated the use of play therapy sessions at home which were conducted by parents. This was one of the earliest detailed descriptions of play sessions. He reported that in "a play therapy relationship... a child finds that his parent really cares, wants to understand, and accepts him as he is. He comes to realize that his parent trusts him and regards his qualities of self of ultimate and immeasurable value" (p. 277).

These early play times were different than filial therapy in that the parents did not receive scheduled training and supervision from a trained professional and did not discuss their experiences in a group format with other parents (Landreth, 1991). Filial therapy as introduced by Bernard Guerney (1964) includes specific training in child-centered play therapy skills and a belief that parents can be positive agents of change with their own children (B. Guerney, 1964). Guerney characterized the nature of filial therapy in three separate stages. The first stage included the training of parents in play therapy techniques employing the use of child-centered philosophies. The second stage was experimental in the sense that the play times are monitored and analyzed in terms of individual methodology. The last stage included parent group discussions with the emphasis on

facilitating the parent's ability to change negative patterns of interaction and acquire a more realistic understanding of their child's attitude and behavior.

The rationale underlying filial therapy training is explained in the tenets laid out by Guerney (1964): (1) The primary considerations of change in the child's life are permissiveness and understanding, either on the part of the therapist in an individual setting, or by the parents in a family setting: (2) Parents are not only inspired to be helped, but can actually be of help. (3) Parents can be expected to learn the role of play therapist for their child reasonably well. (4) The process of learning the skills of play therapy often provides parents with insight into personal issues that they were not aware of previously. (5) Even if only for a short time, the process of changing roles can serve to weaken old dysfunctional roles by the parent. (6) The parent can gain a much greater understanding of the child in the process of practicing special play times with the child. (7) The attention by the parent to the child can prove to be therapeutic, even if for a short period of time. (8) The lessons of filial therapy can serve the parent long after formal training has ended. The tenets of filial therapy rest on the assumption that the parent or any primary caregiver, if able to learn the skills of child-centered play therapy, can be infinitely more effective than a therapist attempting to perform the same function.

According to Guerney (1964), the nature of the play session seeks: to change the child's perceptions or misperceptions of the parent's feelings, attitudes, or behavior toward the child; to allow the child to communicate thoughts, needs, and feelings to parents which have previously been kept from the parents; and to bring the child a greater sense of self-respect, self-worth, and confidence.

Van Fleet (1994) identified three central constructs in the practice and application of filial therapy. She suggested that those who train people in filial therapy must recognize the value of play in childhood, and acknowledge play as the primary avenue for understanding children. Filial therapists must also trust that trainees are able to learn the skills of filial therapy. If the filial therapist does not believe this, then it is unlikely that the trainee will ever achieve understanding and mastery of the skills of conducting play times with a child. Finally, filial therapists prefer an educational model to a biological or behavioral model when interviewing and evaluating children and families. Van Fleet identified the central goals of filial therapy as: (a) eliminate presenting problems at their source; (b) develop positive interactions between parents and their children; and (c) increase communication, coping, and problem solving skills so trainees are better able to handle future problems independently and successfully.

Research in Filial Therapy

Since the inception of filial therapy, the effectiveness of this type of parent training has been supported by a number of empirical research studies. Stover and Guerney (1967) utilized direct observation to study the practicality of training mothers in filial therapy techniques. They found a significant increase in the use of reflective statements and a sharp decrease in directive statements by mothers 12 months after filial therapy training. Positive change in the parent child relationship and the child's general emotional development was supported by self-report.

B. Guerney and Stover (1971) supported their earlier 1967 results with a group of 51 mothers and their children. Significant increases were found in both studies

confirming that mothers could learn to reflect feelings, allow their children self-direction, and demonstrate appropriate involvement in the affective behavior and expressions of their children. The children in this study were more willing to share their feelings and engage in activities with their empathic mothers. The children also reported significant gains in several areas: an increase in interaction with their mothers, appropriate expression of aggression, appropriate sharing behaviors, and decreased dependence.

Since B. Guerney and Stover (1971) didn't use a control group, Oxman (1973) matched the parents in that study with volunteer parents on the following variables: age of parents and children, size of family, geographic location, and social economic status. Results showed that the experimental group reported a significantly greater improvement in their children's behavior than did the matched control group.

A 3-year follow up of research participants from B. Guerney and Stover (1971) by L. Guerney (1975) revealed significant longitudinal findings: only one of the 42 children required treatment after the filial training; 32 mothers reported continued improvement, while 4 reported regression, and 1 reported deterioration; 64% of the mothers attributed the continued growth to their own ability to understand their child.

The filial therapy model has been utilized with a variety of children and parents. Boll (1972) investigated the effectiveness of filial therapy training with a group of parents of mentally challenged children. In this study there were two experimental groups: a group of parents trained in traditional filial therapy, a group trained in filial therapy, but also given additional instruction on specific reinforcement and extinction techniques, and a control group. Both groups trained in filial therapy reported

improvement in their children's socially adaptive behavior with the most change occurring in the traditionally trained group. Boll suggested that the difference was due to group dynamics in the traditional group as compared to the other treatment group.

B. Guerney (1976) examined the effectiveness of filial therapy as a treatment for emotionally disturbed children. He reported that children in the treatment group achieved significant improvement in social adjustment and reduction in conflicts with parents, teachers, and peers. Symptoms of emotional dysfunction were decreased as well as mothers' dissatisfaction with their children. Socioeconomic background, type and degree of child maladjustment, maternal attitude, and personality variables were not considered to be determinants.

Ginsberg (1976) examined the effectiveness of filial therapy with foster parents, single parent families, and families with different socioeconomic status and reported that all groups achieved positive results. Specifically, children of mothers in the low socioeconomic group experienced positive change as reported by parent report, school progress, and sibling and peer interaction. Foster parents reported reduced stress and an enhanced ability to build a mutually satisfactory relationship with foster children. In a later study, L. Guerney and Glavin (1981) supported these findings that foster parents were more accepting of their foster children after filial therapy training.

In an attempt to control for potential differences between parents who seek professional help and those who do not, Sywulak (1978) study utilized a design in which participants served as both the control and treatment group for a study of filial therapy. She reported a significant increase in parental acceptance and a decrease in children's

behavior problems as a result of filial therapy. Significant improvement in child adjustment and parental acceptance were reported after 2 months of training and this improvement was maintained after 4 months of training.

Sensue (1981) conducted a 3-year follow-up study of the Sywulak (1978) study and found even higher scores 6 months post training and no significant losses 2 to 3 years later. Positive results were confirmed after three years: parents and children reported positive change as a result of filial therapy training, and children who were formerly diagnosed as maladjusted were as well adjusted as the control group children.

Wall (1979) examined the efficacy of play therapy provided by three groups: masters level trained play therapists, untrained parents, and by parents directed and observed by masters level trained play therapists. Parents trained by master's level students improved their ability in empathic communication with their children. Wall concluded that acceptance of children's negative feelings by a parent has a greater impact on the children than acceptance from a therapist.

Lebovitz (1983) conducted a similar study that compared the effectiveness of a filial therapy group, a group conducting supervised play sessions, and a control group. Assessments of children in both the filial group and the supervised play session's group revealed fewer behavioral problems as compared to the control group. The filial therapy group experienced several significant changes over the supervised play session's group including: (1) a greater decrease in children's problem behavior; (2) parents communicated more acceptance of feelings, allowed children more self direction, and

exhibited more involvement with their children; and (3) the children demonstrated a greater decrease in dependence on their parents.

Payton (1980) studied the effectiveness of filial therapy with parents and paraprofessionals. Parents in filial therapy training reported significantly higher scores on parenting attitude, and showed significant improvement in child-rearing attitudes compared to the paraprofessional group and a control group.

Kezur (1980) studied children who received both filial therapy sessions with their parents as well as play therapy sessions with a therapist concurrently. Communication patterns between child and parent and the impact on that relationship were examined. The study revealed that: the mothers developed more effective communication patterns; mothers developed more insights into their communication; mothers who developed personal insights changed with their children in a positive direction; mothers were able to better meet their children's needs when they first met their own needs; and positive change in the mother child relationship occurred as both gained self esteem.

Glass (1986) studied Landreth's (1991) 10-week filial therapy model and found that parents who received the training reported a significant increase in unconditional love for their children, a decrease in the level of conflict between parent and child, and an increase in their level of understanding of their children's play. Other benefits, while not statistically significant, revealed that filial therapy produced greater changes in: (1) parental acceptance; (2) respect for children's feelings; (3) recognition for children's need for autonomy and independence, (4) increased self-esteem of parents and children; (5) and closeness between parents and children.

The study by Glass supported prior research (Lebovitz, 1982; Sensue, 1981; Sywulak, 1977; Wall, 1979) indicating that filial therapy: (1) effects a positive change in the parent-child relationship; (2) children exhibit significant decreases in aggression; (3) children show significant differences in improved adjustment by expressing their negative attitudes; and (4) mothers allow their children more self-direction along with more demonstrated involvement.

The results of filial therapy with special populations of children and parents have been equally as promising. Landreth's (1991) 10-week filial therapy training model was studied with parents of chronically ill children by Glazer-Waldman (1991). After completing the filial training, parents were better able to judge their child's level of anxiety. Qualitatively, all parents in the study reported positive changes in themselves as well as their children. Tew (1997) also used the Landreth (1991) 10-week model in working with families with chronically ill children. Her study revealed the filial therapy group made significant gains in strengthened and enhanced parent-child relationships, decreased parent stress, increased attitude of acceptance by the parent, and a significant decrease in problematic behavior of chronically ill children when compared to a control group.

Filial therapy training research has been equally encouraging across a wide variety of settings. Landreth and Lobaugh (1998) conducted a study to determine the effectiveness of filial therapy with incarcerated fathers. After completing 10 weeks of filial training, the fathers who received the training showed dramatic gains over the control group. They demonstrated a significant increase in parental acceptance,

recognition of the child's need for independence, as well as significantly reduced parenting stress. Children in the treatment group benefited from an increased self-esteem and a decrease in problematic behavior as observed by the parent.

Harris and Landreth (1997) studied the effectiveness of filial therapy with incarcerated mothers. A modified version of Landreth's 10-week filial therapy model was employed: bi-weekly meetings for five weeks. They reported the parents who received filial therapy made significant changes in empathic interactions with their children, attitude of acceptance towards their children, and a reduction in number of their children's problematic behaviors when compared to a control group.

Bratton and Landreth (1995) examined the use of Landreth's (1991) 10-week filial therapy model with single parents. Statistical analysis revealed that the single parents in the experimental group significantly increased their level of empathy in their interactions with their children when compared to a control group. Additionally, the parents' attitude of acceptance toward their children had also increased significantly. Parenting stress was significantly reduced in the treatment group as well, and parents reported significantly fewer problems with their children's behavior.

Recent studies have investigated the effectiveness of the Landreth (1991) 10-week filial therapy model with various cultures. In a quantitative study of Native Americans parents and their children, Glover and Landreth (2001) utilized filial therapy with Native American parents on the Flathead Reservation in Montana and found that the experimental group significantly increased their level of empathy in their interactions with their children when compared to the control group. Child participants experienced

significant increases in level of desirable play behaviors with parents. Measures showed positive trends in parental acceptance, parental stress, and children's self-concept. Chau and Landreth (1997) examined the effectiveness of filial therapy with Chinese parents and their children. They reported significant findings in increased parental empathic interactions, increased parental attitudes of acceptance, and in reducing parenting stress as compared to a control group. Yuen (1997) utilized the Landreth (1991) 10-week filial therapy training model with Chinese immigrant parents. He found a significant increase in treatment group participants' level of empathic behavior, level of acceptance of the child, as well as a significant decrease in level of stress related to parenting, and a significant decrease in perceived child problems as compared to a control group. Jang (2000) studied the effectiveness of filial therapy in enhancing the parent-child relationship of Koreans and reported similar findings as Yuen (1997).

The Landreth (1991) 10-week filial therapy training model has also been effective with children experiencing learning difficulties. Kale (1997) found that filial therapy training significantly increased parent acceptance and decreased parenting stress with parents of children experiencing learning difficulties as compared to a control group. Costas and Landreth (1999) investigated the effectiveness of the 10-week filial therapy training model as a method of intervention for non-offending parents and their children who had experienced sexual abuse. The experimental group parents evidenced a significantly increased level of empathy and acceptance toward children, as well as reduction of parental stress as compared to the control group participants. Smith (2000) used a modified Landreth (1991) model in a domestic violence shelter. Smith (2000)

collapsed the filial training into 10 daily sessions over a two-week period. Compared to the control group, the experimental group parents demonstrated a significant increase in empathic interactions with their children and also reported a significant reduction in their children's behavior problems. The children in the treatment group also showed significant gains in self-esteem.

Summary

Statistics reveal that there will be very few individuals who will remain childless. Statistics also show that those who do decide to take on that parental role are unprepared for the process of child rearing (CIVITIS, 2000). With such a large number of people becoming parents, it is essential to provide parent education training well before the birth of their first child. Empathy is the cornerstone of every parent-child interaction, but is not a behavior that is always innate. Training adolescent high school students in filial therapy provides the foundation necessary for empathic interactions with children.

The major treatment strategy of filial therapy is to train parents to become the therapeutic agents in their children's lives as they offer empathy, genuineness, and acceptance in weekly play sessions (B.G. Guerney, 1964). Filial therapy has proven to be an effective parent-child intervention program.

CHAPTER II

METHODS AND PROCEDURES

The purpose of this study was to determine the effectiveness of filial therapy in three areas: 1) increasing high school students' empathic behavior with children; 2) increasing high school students' acceptance of children, and 3) increasing high school students' positive parenting attitudes. The relationship between empathy, acceptance and positive parenting attitudes was examined by studying the correlation between the Measurement of Empathy in Adult-Child Interactions (MEACI) (Stover, B.Guerney, & O'Connell, 1971).and the AAPI-2 (Bavolek & Keene, 1999).

Definitions of Terms

Adolescence is the developmental period between childhood and adulthood (Fabes & Martin). For the purpose of this study adolescence was operationally defined as mid to late adolescent (14-19 years old) high school students.

Allowing Children Self Direction is the behavioral willingness to follow the child's lead rather than to comparison the child's behavior. For the purpose of this study, allowing the child self direction was operationally defined as the high school student's score on this subscale of the MEACI (Stover et al., 1971).

Belief in the Value of Corporal Punishment involves the use of physical punishment with children. For the purpose of this study, belief in the value of corporal punishment was operationally defined as the high school student's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Communication of Acceptance involves the verbal expression of acceptance and /or rejection of the child. For the purpose of this study, communication of acceptance was operationally defined as the student's score on this subscale of the MEACI (Stover, et al., 1971).

Empathy refers to sensitivity to children's current feelings and the ability to verbally communicate this understanding to the child. For the purpose of this study, empathy was operationally defined as the high school student's total score on the MEACI.

Filial therapy was defined as a unique approach used by professionals trained in play therapy to train parents to be therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision. Parents are taught basic child-centered play therapy skills including responsive listening, recognizing children's emotional needs, therapeutic limit setting, building children's self esteem, and structuring required weekly play sessions with their children using a special kit of selected toys. Parents learn how to create a nonjudgmental, understanding, and accepting environment that enhances the parent-child relationship, thus facilitating personal growth and change for child and parent. (Landreth, 1999).

Inability to be Empathically Aware of Children's needs indicates a low empathic awareness of children's needs. For the purpose of this study, the inability to be empathically aware of children's needs was operationally defined as the high school student's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Inappropriate Expectations of Children indicates a general lack of understanding of children's developmental capabilities. For the purpose of this study, inappropriate expectations of children were operationally defined as the high school student's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Involvement was described as the attention to and participation in the child's activity even though it may not always be contributed in a positive way. For the purpose of this study, involvement was operationally defined as the high school student's score on this subtest of the MEACI (Stover et al., 1971).

Oppressing Children's Power and Independence indicates a strong emphasis on obedience: having children do what they are told. For the purpose of this study, oppressing children's power and independence was operationally defined as the high school student's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Parent-Child Role Reversal represents environments in which children exist to meet the needs of adults. For the purpose of this study, adult-child role-reversal was operationally defined as the high school student's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Parenting Attitudes are stances that one holds regarding parenting and parenting techniques. For the purpose of this study, parenting attitudes was operationally defined by the scores on the on the five scales of the AAPI-2.

Play Therapy was defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and

explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play (Landreth, 1991, p. 14).

PALs was defined as the Peer Assistance and Leadership program that trains high school students in empathic communication skills and places them in peer to peer roles to help provide positive school environments.

Hypotheses

To carry out the purposes of this study, the following hypotheses and research question were formulated:

1. The experimental group of high school students will attain a significantly lower mean total empathy score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.
2. The experimental group of high school students will attain a significantly lower mean total score on the Communication of Acceptance subscale on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.
3. The experimental group of high school students will attain a significantly lower mean total score on the Allowing Self-Direction subscale on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.
4. The experimental group of high school students will attain a significantly lower mean total score on the Involvement subscale on the Measurement of Empathy in

Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.

5. The experimental group of high school students will attain a significantly higher mean score on the Inappropriate Expectations of Children subscale of the Adult Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.
6. The experimental group of high school students will attain a significantly higher mean score on the Inability to be Empathically Aware of Children's Needs subscale of the Adult Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.
7. The experimental group of high school students will attain a significantly higher mean score on the Strong Belief in the Value of Corporal Punishment subscale of the Adult Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.
8. The experimental group of high school students will attain a significantly higher mean score on the Parent-Child Role Reversal subscale of the Adult Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.
9. The experimental group of high school students will attain a significantly higher mean score on the Oppressing Children's Power and Independence subscale of the Adult Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.

Research Question

1. Are there significant correlations between the Adult-Adolescent Parenting Inventory (AAPI-2) and the Measurement of Empathy in Adult-Child Interaction (MEACI)?

Instrumentation

Measurement of Empathy in Adult-Child Interaction

The Measurement of Empathy in Adult-Child Interaction (MEACI) was adapted by Bratton (1993) from a scale developed by Stover et al. (1971) to operationally define empathy as related to parent-child interactions. This direct observational scale measures three specific parental behaviors identified as major aspects of empathy in adult-child interactions including: (1) Communication of Acceptance, (2) Allowing the Child Self-Direction, and (3) Involvement. The scale also provides a total Empathy score. Lower scores indicate higher levels of positive behavior for the total score and for each of the subscales.

Communication of Acceptance. This subscale measures the adult's verbal expression of acceptance-rejection of the child's feelings and behaviors during the adult-child play sessions. The dimension of acceptance is viewed as a necessary condition for optimal development of the child's self-worth and is the major element in the communication of empathy (Stover et al., 1971).

Allowing the Child Self-Direction. This subscale measures the verbal expression of acceptance and the behavioral willingness on the part of the adult to follow the child's lead instead of attempting to direct the child's behavior during the play session.

Involvement. This subscale measures the adult's attention to and participation in the child's play. Stover et al. (1971) found that high scores on the involvement subscale may or may not be related to high levels of empathy. Bratton and Landreth (1995) found that high levels of communication of acceptance and allowing the child to self-direct correlated with high levels of involvement.

Scoring. The MEACI is a five point bipolar scale utilized to rate the three dimensions of adult-child interaction at 3 minute intervals for six consecutive rating intervals (See Appendix D). The scale ranges from a high rating of one to a low rating of five. Each point on the scale is followed by typical responses obtained from the coding of the direct observations of parent-child interactions. Considering the three subscales together as components of empathic behavior, the highest levels of empathy are evident when the adult is commenting frequently on the child's expression of feeling or behavior in a genuinely accepting manner; is clearly demonstrating that the child is fully permitted to engage in self-directed activity; and, is attending fully to the child's behavior. The lowest level of empathic communication occurs when the parent is verbally critical and rejecting of the feelings or behaviors of the child; cajoles, demands, and continually redirects the child's activity; and, is self-involved, preoccupied, or shuts-off from the child.

Reliability coefficients were established for the three subscales. After four training sessions for collaborative rating on a half hour play session, followed by discussion, six pairs of coders independently rated 7 to 10 parent-child play sessions of 20 minutes each. The average reliability correlation coefficient for the "Communication

of Acceptance” subscale was .92. The “Allowing Child Self-Direction” subscale had a median correlation coefficient of .89, and the “Involvement” subscale had an average coefficient of .89 (Stover et al., 1971).

Construct validity for each subscale and the total empathy score was demonstrated in a study with a group of 51 mothers who participated in filial therapy training (B. Guerney, & Stover, 1971). The validity of these scales was demonstrated through filial therapy training because it involved training parents in empathic skills that closely matched the behaviors the scales were intended to measure. The parents’ levels of empathic interactions with their children were measured three times: 1) a pre-training play session; 2) the first post-training play session; and 3) the third post-training play sessions. Highly significant increases, at the .005 level, between the pre-training and the first post-training play session were obtained on each subscale and for the total empathy score. A significant increase, at the .01 level, between the first and third post-training play sessions demonstrated that the scales are extremely sensitive measures of empathic behaviors. Concurrent validity was established by demonstrating a .85 correlation at the .005 level between the MEACI and a previously developed empathy measure for adult-child interaction (B. Guerney, Stover, & DeMerrit, 1968).

Adult-Adolescent Parenting Inventory

The Adult-Adolescent Parenting Inventory (AAPI-2) (Bavolek & Keene, 1999) is a self-report attitudinal inventory consisting of two 40-item inventories, Form A (pre-test) and Form B (post-test), that assesses parenting and child rearing attitudes of adolescent (age 13-19) and adult populations.

Participants are asked to respond to statements on Form A and Form ranging from Strongly Agree to Strongly Disagree. The five subscales that comprise the AAPI-2 include: (1) Inappropriate Parental Expectations; (2) Parental Lack of an Empathic Awareness of Children's Needs; (3) Strong Belief in the Use and Value of Corporal Punishment; (4) Parent-Child Role Reversal; and (5) Oppressing Children's Power and Independence. Low scores indicate agreement in the aforementioned parenting behaviors and high scores indicate disagreement.

Inappropriate Expectations of Children. According to Bavolek and Keene (1999), a practice that is common among parents is the inappropriate expectations for children. Abusive parents, beginning early in the infant's life, tend to inaccurately perceive the skills and abilities of their children. Parents do not seem to know the needs and capabilities of children at various stages of development. As a result, expectations are placed upon the child that often exceed the abilities of the child. The effects of inappropriate expectations of children have the potential to be debilitating. Children may perceive themselves as being worthless, unacceptable and disappointing to adults.

Parental Lack of an Empathic Awareness of Children's Needs. According to Bavolek and Keene (1999), empathy is "the ability of being aware of another person's needs, feeling, and state of being...the ability to place the needs of another as a priority" (p. 6). Individuals who are empathically sensitive to children create an environment that promotes children's emotional growth. Empathic parents understand children from the inside, not from the outside as an interested observer. Bavolek and Keene (1999) assert that empathy exists in children at birth and is developed through the manner in which

they are treated during the process of growing up. Lacking an empathic home life, children may fail to develop a solid moral code of conduct and values such as kindness and cooperation may not be recognized as being important.

Strong Belief in the Use and Value of Corporal Punishment. This subcale measures the attitude toward the value and use of physical punishment. Individuals believe that children should not be ‘allowed to get away with anything’, must be shown ‘who is the boss’, and value a high respect for authority. Children that grow up in this type of environment often will discharge aggression against the outside world in order to manage their own insecurities and often punish their children more severely when they become parents; abused children often become abusive parents.

Parent-Child Role Reversal. Children, according to this construct, are expected to be sensitive to and responsible for much of the happiness of their parents. Parent-child role reversal is an interchanging of traditional role behaviors between a parent and a child; the child adopts some of the behaviors traditionally associated with parents. Assuming the role of the responsible parent, children fail to negotiate the developmental tasks that must be mastered at each stage of life in order to achieve healthy adjustment. Children in role reversal have little sense of self and see themselves as existing only to meet the needs of their parents (Bavolek & Keene, 1999).

Oppressing Children’s Power and Independence. According to attitudes measured in this construct, parents fear that if children are permitted to use their power to explore their environment or challenge parental authority, they will become disrespectful. Obedience and complete compliance to parental authority is demanded. When children’s

power and independence are oppressed, they are not permitted to voice opinions or to have choices.

Scoring. Scoring the the AAPI-2 consists of placing a stencil over the test items and recording the numerical value of each response (1-5 points). Each of the raw sub-scores is then placed on a profile sheet to render a total raw score for each construct. Raw scores are converted to standard scores utilizing norm tables based on gender and age. The table of norms arranges raw scores in ascending order and provides sten mean score for each of the five constructs (Bavolek & Keene, 1999).

High scores (7-10) on construct A (Inappropriate Expectations of Children) indicate a realistic understanding of the developmental capacities of children as well as a general acceptance of the limitations of children. Low scores (1-4) indicate a lack of understanding of the developmental capacities of children and require children to achieve at a much higher standard than they are capable. Mid scores (4-7) are represented by the general parenting population.

High scores on construct B (Inability to be Empathically Aware of Children's Needs) represent an individual who is sensitive to the needs of children and places these needs in high regard. Low scores indicate a low level of empathic behavior towards children and an adult who has trouble helping children meet their own needs.

High scores on construct C (Belief in the Value of Corporal Punishment) reflect a dislike of the use of physical punishment with children and preference for a positive non-violent alternative to discipline. Bavolek and Keene (1999) suggested that low scores on construct C commonly reflect a strict, authoritarian environment and point towards

limited communication in the home, limited recognition of feelings, and the absence of rules except for children.

High scores on construct D (Adult-Child Role-Reversal) represent an understanding of the needs of self and of children. Clear roles for child and adult are established and needs are met appropriately for the adult including social, emotional, spiritual, sexual, and physical. Low scores on construct D indicate homes where roles are reversed. Children often are forced into reluctant roles of leadership in the home in which they become caregivers for other siblings and possibly parents.

High scores on construct E (Oppressing Children's Power and Independence) indicate that the individual places a high value on children feeling empowered. Empowerment is characterized by giving choices, allowing children to have input, and problem solving. Low scores on construct E indicate a strong emphasis on obedience.

Sten scores of 5-6 in each of the parenting constructs are considered average scores and reflect the norm for the pre-parent adolescent population. Scores below these numbers are considered low and reflect deficiencies in appropriate parenting behavior. Scores above these numbers reflect attitudes that exceed what would be expected for the average adolescent and indicate positive and appropriate parenting behaviors.

Content validity was established through a pilot study consisting of 125 items that were sent to professionals in the helping professions based on the established 5 constructs. Item and factor analysis yielded 84 items to be considered for a wider study. Fifty-three agencies across twenty-three states contributed to norming data for the APPI-2. Construct validity was established utilizing Pearson interitem correlations followed by

Oblimin rotation. Reliability was established with a Cronbach Alpha of .80 or above. Correlations between the two forms (A & B) ranged between .80 and .92, confirming comparability of the two forms.

Selection of Participants

Participants were volunteers from a naturally occurring cluster sample of juniors and seniors at a local high school enrolled in two sections of a Peer Assistance Leadership (PAL) program at their school. Students who participated in the PAL program were referred by teachers, completed an application, and participated in an interview with the PAL instructors. Thirty-one students were selected into the PAL program and were assigned to one of the two PAL classes according to their class schedule.

The researcher met with the PAL teachers and students regarding the research project and sent information regarding the purpose of the study and informed consent to parents. All thirty-one students volunteered to participate in the study. One PAL class was randomly selected as the experimental group and the other as the comparison group.

The experimental group included a combination of 12 juniors and 4 seniors for a total of 16 high school students. There were 10 females and 6 males with a mean age of 16.3 years. The comparison group consisted of 15 seniors in high school, 9 females and 6 males with a mean age of 17.3 years. All subjects were from a rural community and attended the same high school.

Collection of Data

A pre-test posttest, comparison group, experimental group design was used to carry out the objectives of this study. The researcher and two trained doctoral students

met with the high school students from both the comparison and experimental groups one week before the filial/play therapy training began for the purpose of collecting pretest data. Several rooms were set up with a specific kit of toys (Landreth, 1991) and video taping capabilities. The materials provided fell into the categories of real-life toys, aggressive-release toys, and creative expression/emotional release toys (see Appendix E). Each high school student in the experimental and comparison groups was paired with a young child approximately 4-6 years of age selected for the purpose of videotaping. Each pair, the high school student and child, was shown their room and told, "You can play with the toys in lots of the ways you would like to." The only limit set for the play-time was that both the child and the high school student were to remain within the play area which was outline with masking tape. The researcher then told the high school student and child she would knock on the door one minute before the end of the session to signal that time was up. Each student was video taped playing with a child for twenty minutes. While one group of high school students was being videotaped with a child in a play session, the other group was administered the AAPI-2 to complete the collection of all pre-test data.

At the completion of the filial/play training sessions, the researcher again met with both the comparison and experimental groups in order to collect posttest data. High school students in the experimental and comparison groups were video taped in a play-time with a different child than the child they had a play-time with in the pretesting session. The high school students had play-time with different children for the post-test rather than their regularly assigned child to observe generalizability of the skills learned

during the filial training. Due to time constraints during post-testing, the AAPI-2 data was collected two weeks after the videotape post-testing. During this time lapse, four experimental and two comparison group participants were unable to complete the AAPI-2 due to sports injuries, absenteeism, and other previously scheduled high school functions.

Treatment

Students in both the experimental and comparison groups participated in a Peer Assistance and Leadership (PALS) class at their school taught by high school teachers that were trained in the PALs curriculum. The curriculum included basic communication skills, listening skills, and problem solving skills as part of the PAL program, each PAL student was assigned primary school, elementary school, middle school and high school students to meet with once a week for the entire academic year.

The students in the comparison group utilized the conventional PALs curriculum training while working with the elementary, middle and high school students. Students in the experimental group received some of the traditional PALs curriculum, but also participated in a modified version of Landreth's (1991) filial therapy training model. The ten-week model was modified to fit the length of the academic year of the high school students, meet the developmental needs of high school students and provide a longer period of time to concentrate on the development of filial skills and supervision of the high school students. This training helped the high school students create an accepting environment where children would feel safe to express and explore thoughts and feelings. The high school students learned child-centered play therapy skills through

demonstration, role-play, didactic experience including viewing videotapes of experienced play therapists, overheads and group discussions. The high school students then had the opportunity to implement the learned skills with their assigned pre-kindergarten/kindergarten school student during a weekly 30-minute play session.

After completing two pretraining sessions to build rapport among the high school students and the researchers and four child-centered play therapy skills training sessions, the researcher provided eight filial toy kits for use during the experimental group's play times with their assigned pre-kindergarten/kindergarten student. The high school students traveled weekly to the primary school of the pre-kindergarten/kindergarten students to meet with their assigned children. These children were selected by their teachers who identified them as having difficulty adjusting to school. The high school students spent a total of 1 hour and 15 minutes at the school. The time was divided into four activities: 1) set up toy kits, 2) conduct play sessions, 3) participate in supervision, and 4) clean up toy kits. All students worked together to set up and clean up the toy kits. The students were divided into two equal groups: while one group conducted their 30 minute play session, the other group met for supervision. For supervision purposes, two video cameras were utilized to videotape two of the eight play sessions each cycle for a total of four a day. The researcher, two other doctoral students, and the PALs instructor monitored all play times. Videotapes were locked in a cabinet and destroyed at the completion of the study.

The researcher and two additional doctoral students provided the filial/play therapy training throughout the course of this study. The researcher and the two doctoral students had attended the University of North Texas and had completed advanced course

work and training in play therapy and filial therapy. The training included graduate courses: (1) Introduction to Play Therapy, (2) Advanced Play Therapy, (3) Filial Therapy, (4) Group Play Therapy, (5) Practicum in Play Therapy and (6) Internship in Play Therapy. Additionally, the researcher was the Assistant Director for the Center for Play Therapy at the University of North Texas.

Pre-training Session One

Training was conducted at the high school the students attended during their PALs class time. Participants engaged in an ice-breaker activity that allowed the high school students to get to know the researchers and encouraged open communication. The ice-breaker was an experiential exercise that discussed personality characteristics. The high school students also viewed and discussed a videotape about facial expressions of children's emotions. Next, the high school students also explored three styles of interaction most commonly used with children including authoritarian, permissive, and authoritative. The students participated in an experiential activity where they had the benefit of applying and experiencing these interaction styles. The students were divided into groups of three where each was assigned one of the interaction styles. One student was blind folded, while another student from the group gave the blind folded student instructions using their assigned interaction style. The third student from the group observed this process. This procedure was then rotated until all participants had experienced each role and all three styles of interactions were covered. After the experiential activity was completed, the high school students returned to the classroom and discussed their experiences. The facilitated discussion focused on how these

interaction styles could impact children and the relationship between a child and the high school student.

Pre-training Session Two

In order to continue the process of helping the experimental group develop cohesiveness, self-awareness, and rapport with the researcher, students participated in another ice-breaker activity. Session two introduced one-way and two-way communication styles. Students learned the skills necessary for effective communication and explored how two-way communication benefits children. Again students participated in an experiential activity to demonstrate the difference between one-way and two-way communication styles. Students were put in groups of two and placed back to back for the exercise. One student described a design for the other to draw. The student drawing the design was not allowed to ask questions. The students then shared their designs with their partner. The group then discussed their experiences of the process. The procedure was then repeated with a new design and the student that drew was allowed to ask questions. The researchers facilitated a discussion comparing the two activities.

Training Session One

An essential concept of filial therapy and play therapy, reflective listening, was discussed and taught through the use of worksheets (see Appendix B) and demonstration. Reflective listening gave the high school students the experience of more effectively communicating with others by focusing on the importance of using feeling words and paraphrasing what they heard in conversations. The high school students participated in dyadic role-plays using the reflective listening skills. The four basic feelings, happy, sad,

mad, and scared were reviewed and incorporated into the role-plays (see Appendix B) as homework for the week, the high school students were asked to identify four different feelings in a child they knew and make a reflective response for each feeling (handout in appendix B).

Training Session Two

During session two, the high school students participated in a group discussion facilitated by Garry Landreth. Dr. Landreth discussed the importance of play, play as the language of children, and taught the basics of tracking behavior. Dr. Landreth showed a tape of himself conducting a play session and discussed the approach he used with the child. The high school students asked questions and then participated in dyadic role-plays using toys. The high school students took turns in the role of the child and in the role of the play-time facilitator.

Training Session Three

The basic principles of special play times according to Landreth's (1991) filial therapy model were explored (see Appendix B) and a videotape of a typical play session was viewed. The high school students discussed their reaction to the video and skills they noticed the play-time facilitator using in the video. The researcher displayed the toys to be used during the play times and discussed the rationale of selecting specific toys. Tracking behavior was discussed and high school students practiced tracking responses by taking turns role-playing the child and high school student in pairs. The high school students were assigned their primary school student to begin weekly thirty-minute play sessions next week.

Training Session Four

Students completed a review worksheet of the previous meetings (see Appendix B). The high school students discussed their experience of their first play session. Limit setting techniques following Landreth's (1991) ACT model were discussed and practiced using role-plays. High school students viewed another tape of a play session and completed a tape review worksheet (see appendix B). High school students met with their primary school student to conduct thirty-minute play session on another day.

Training Session Five

During session seven, the researcher discussed important things to remember regarding special play times with the high school students. High school students explored and discussed common problems experienced during special play times (Appendix B). High school students were encouraged to discuss their experiences of their play times they conducted with their primary school student. High school students explored the importance of using encouragement with children. The difference between encouragement and praise was discussed, including how each might impact children. High school students continued their play times during the week.

Supervision and Play Times: Weeks Six – Twenty Four

At this point, training shifted to a focus on supervision of play sessions and reinforcement of main filial concepts. High school students were divided into two smaller groups of eight each where they received feedback from the researcher and the two doctoral students and then worked with their assigned pre-kindergarten/kindergarten school student for thirty minutes. Four high school students were video taped weekly for

supervision purposes. Students watched the videos in their small groups and received feedback on their strengths and areas for growth in conducting the play sessions with their primary school students. Suggestions, encouragements, and instructions from the facilitator along with group interactions facilitated the learning of new skills in a supportive atmosphere. The facilitator helped the high school students see they were not alone in their playtime difficulties by commenting on experiences shared by several students. The facilitator also took several opportunities to generalize the skills being learned to other settings.

The high school students were given the opportunity to ask questions and address concerns regarding the play times they were conducting. Students were also allowed to observe other students conducting play sessions via video tape and gave each other feedback on the play sessions. High school students completed self evaluation forms each week at the end of their special play times (see Appendix B). Self-evaluation forms were used to generate discussion during supervision time.

Discussion of the importance of the play times and the use of the skills with young children were incorporated into the supervision time. High school students also read Dibs in Search of Self by Virginia Axline in order to learn how play therapy can impact young children and how the skills they learning were implemented with other children. The high school students were assigned several chapters to read each week in Dibs and completed worksheets over the assigned chapters (see Appendix C). In addition, students often brought up the book during supervision discussion times.

Analyses of Data

The test instruments used in this investigation were coded with a four-digit code to maintain confidentiality of the participants. A master list with the participants' names and code numbers was kept in a secured locked file for the duration of the study. The master list was destroyed following the completion of statistical analysis of relevant data. Following the completion of the study, the AAPI-2 (Bavolek & Keene, 1999) data sheets were blind scored by the investigator and blind checked by a qualified research assistant. The pre and post-training videotapes of the experimental and comparison group students' special playtimes were blind rated to ensure there was no rating bias of pre- or post-videos. Three doctoral students with advanced training in play therapy rated the videotapes over a two-week period utilizing the instrument and procedures outlined by Stover et al (1971). Tapes were assigned so that no rater rated both pre and post for the same participant.

Inter-rater reliability was established for the three raters during an initial training session. Inter-rater reliability was also checked at the mid point of the scoring and again at the end of the scoring. A coefficient of reliability, Kendall' Coefficient of Concordance W, was used to calculate inter-rater reliability (see Table 1).

Table 1 - Inter-rater reliability for Measurement of Empathy in Adult-Child Interaction (MEACI)

	Session 1 Pre-coding	Session 2 Midpoint	Session 3 Post
Reliability Coefficients	.8352	.8765	.9171

Each item on the instruments was scored according to recommended instrument procedures. The investigator input and analyzed the data utilizing the Statistical Package for Social Sciences (SPSS) computer software. The investigator sought outside consultation through a qualified statistician to ensure the validity and appropriateness of all statistical analyses.

The hypotheses were converted to null form for statistical analyses. An analysis of covariance (ANCOVA) was computed to test for the significance of the difference between the experimental and comparison groups on the adjusted posttest means for each hypothesis. For each hypothesis, the posttest specified was used as the dependent variable and the pretest as the covariant. ANCOVA was utilized to adjust the posttest group means on the basis of the pretest. This statistically equalized the experimental and comparison groups. Significance of the difference between the means was tested at the .05 level. On the basis of the ANCOVA, the hypotheses were retained or rejected.

For the analyses of the AAPI-2 and the MEACI correlations, a Bivariate Correlation procedure was utilized and a Pearson product-moment correlation coefficient

was derived from each of the instruments' post-test scores. The significance level of correlation coefficients (r) was set at $p \leq .05$

CHAPTER III

RESULTS AND DISCUSSION

This chapter presents the results of the analysis of data for each hypothesis tested in this study. Also included is a discussion of the results, implications, and recommendations for future research.

Results

The results of this study are presented in the order the hypotheses were tested. Analyses of Covariance or Bivariate Correlations were performed on all hypotheses and the research question correlations with a level of significance of .05 established as a criterion for either retaining or rejecting the hypotheses and correlations. Homogeneity of regression slopes were tested and found not to be significant, unless otherwise specified.

Hypothesis 1

The experimental group of high school students will attain a significantly lower mean total Empathy score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.

Table 2 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 3 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean score.

Table 2 – Mean total scores of the experimental and comparison groups on the Measurement of Empathy in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 16</u>		<u>Comparison Group n = 15</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	52.6	31.1	57.2	54.0
SD	8.39	8.10	8.75	6.95
Total cases = 31				

Note: A decrease in the mean score indicates an increase in empathy.

Table 3 - Analysis of covariance of the experimental and comparison groups for the mean total scores on the total Measurement of Empathy in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	Df	Mean Square	<u>F</u> Ratio	Sign. of F
Main Effects	2915.391	1	2915.391	90.619	.000
Covariates	758.619	1	758.619	23.580	.000
Error	900.810	28	37.172		

Total cases = 31

Computed using alpha = .05

Table 3 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant increase in the experimental group high school students' empathic interaction with children during observed play sessions. On the basis of this data, hypothesis 1 was retained.

Hypothesis 2

The experimental group of high school students will attain a significantly lower mean score on the Communication of Acceptance subscale of the Measurement of

Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.

Table 4 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 5 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean score.

Table 4 - Mean scores of the experimental and comparison groups Communication of Acceptance subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 16</u>		<u>Comparison Group n = 15</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	17.1	11.6	18.7	16.6
<u>SD</u>	2.22	2.24	2.03	1.59
Total cases = 31				

Note. A decrease in the mean score indicates an increase in Communication of Acceptance.

Table 5 – Analysis of covariance of the experimental and comparison groups for the mean scores for the Communication of Acceptance subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	Df	Mean Square	<u>F</u> Ratio	Sign. of F
Main Effects	179.261	1	179.261	76.234	.000
Covariates	45.107	1	45.107	19.183	.000
Error	65.841	28	2.351		
Total cases = 31					

* Computed using alpha = .05

Table 5 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant increase in the experimental group high school students' verbal expression of acceptance of children's feelings and behaviors during observed play sessions. On the basis of this data, hypothesis 2 was retained.

Hypothesis 3

The experimental group of high school students will attain a significantly lower mean score on the Allowing the Child Self-Direction subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students.

Table 6 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 7 presents the analysis of covariance data showing the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 6 - Mean scores of the experimental and comparison groups for the Allowing Child Self Direction subscale on the Measurement of Empathy in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 16</u>		<u>Comparison Group n = 15</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	20.9	10.3	20.7	19.8
<u>SD</u>	4.12	4.15	3.36	2.91
Total cases = 31				

Note. A decrease in the mean score indicates an increase in allowing child self-direction.

Table 7 - Analysis of covariance of the experimental and comparison groups for the mean scores for the Allowing Child Self Direction subscale on the Measurement of Empathy in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main Effects	709.086	1	709.086	65.684	.000
Covariates	74.064	1	74.064	6.861	.014
Error	302.73	28	10.795		

Total cases = 31

* Computed using alpha = .05

Table 7 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant increase in the experimental group high school students' behavioral willingness to allow children self-direction during observed play sessions. On the basis of this data, hypothesis 3 was retained.

Hypothesis 4

The experimental group of high school students will attain a significantly lower mean score on the Involvement subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of high school students. Table 8 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 9 presents the analysis of covariance data, showing the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 8 - Mean scores of the experimental and comparison groups for the Involvement subscale on the Measurement in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 16</u>		<u>Comparison Group n = 15</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	14.5	8.9	17.9	16.6
<u>SD</u>	3.64	2.63	4.6	4.52
Total cases = 31				

Note. A decrease in the mean score indicates an increase in Involvement.

Table 9 - Analysis of covariance of the experimental and comparison groups for the mean scores for the Involvement subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	df	Mean Square	<u>F</u> Ratio	Sign. of F
Main Effects	246.868	1	246.868	9.497	.005
Covariates	98.620	1	98.620	23.774	.000
Error	290.751	28	10.384		
Total cases = 31					

* Computed using alpha = .05

Table 9 shows the F ratio for the main effects was significant to the <.005 level indicating a significant increase in the experimental group high school students' attention to and participation in children's play during observed play sessions. On the basis of this data, hypothesis 4 was retained.

Hypothesis 5

The experimental group of high school students will attain a significantly higher mean score on the Inappropriate Expectations of Children subscale of the Adult-

Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students

Table 10 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 11 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 10 – Mean scores of the experimental and comparison groups for the Inappropriate Expectations of Children subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 12</u>		<u>Comparison Group n = 13</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	5.6	6.8	5.5	6.2
<u>SD</u>	1.38	1.27	1.45	1.95
Total cases = 25				

Note. An increase in the mean score indicates a decrease in Inappropriate Expectations of Children

Table 11 – Analysis of covariance of the experimental and comparison groups for the mean scores for the Inappropriate Expectations of Children subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	<u>F</u> Ratio	Sign. of F
Main Effects	2.757	1	2.757	1.858	.187
Covariates	4.934	1	4.934	1.038	.319
Error	58.425	2	2.656		
Total cases = 25					

* Computed using alpha = .05

Table 11 shows the F ratio for the main effects was .187, indicating no significant increase in the experimental group high school students' mean scores for the AAPI-2 subscale: Inappropriate Expectations of Children. On the basis of this data, hypothesis 5 was not retained.

Hypothesis 6

The experimental group of high school students will attain a significantly higher mean score on the Inability to be Empathically Aware of Children's Needs subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.

Table 12 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 13 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 12 – Mean scores of the experimental and comparison groups for the Inability to be Empathically Aware of Children’s Needs subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 12</u>		<u>Comparison Group n = 13</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	5.8	5.7	6.8	6.6
<u>SD</u>	1.48	1.44	.80	2.02

Total cases = 25

Note. An increase in the mean score indicates a decrease in Inability to be Empathically Aware of Children’s Needs

Table 13 – Analysis of covariance of the experimental and comparison groups for the mean scores for the Inability to be Empathically Aware of Children’s Needs subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	<u>F</u> Ratio	Sign. of F
Main Effects	.327	1	.327	.122	.730
Covariates	12.813	1	12.813	4.783	.040
Error					
Total cases = 25					

* Computed using alpha = .05

Table 13 shows the F ratio for the main effects was .122, indicating no significant increase in the experimental group high school students’ mean total scores for the AAPI-2 subscale: Inability to be Empathically Aware of Children’s Needs. On the basis of this data, hypothesis 6 was not retained.

Hypothesis 7

The experimental group of high school students will attain a significantly higher mean score on the Strong Belief in the Value of Corporal Punishment subscale of the

Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.

Table 14 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 15 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 14 – Mean scores of the experimental and comparison groups for the Strong Belief in the Value of Corporal Punishment subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 12</u>		<u>Comparison Group n = 13</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	4.8	5.3	5.4	5.2
<u>SD</u>	1.48	.87	1.71	1.77

Total cases = 25

Note. An increase in the mean score indicates a decrease in Strong Belief in the Value of Corporal Punishment

Table 15 – Analysis of covariance of the experimental and comparison groups on the mean scores for the Strong Belief in the Value of Corporal Punishment subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	<u>F</u> Ratio	Sign. of F
Main Effects	1.511	1	1.511	1.537	.228
Covariates	24.315	1	24.315	24.315	.000
Error	21.627	22	21.627		
Total cases = 25					

* Computed using alpha = .05

Table 15 shows the F ratio for the main effects was .288, indicating no significant increase in the experimental group high school students' mean total scores for the AAPI-2 subscale: Strong Belief in the Value of Corporal Punishment. On the basis of this data, hypothesis 7 was not retained.

Hypothesis 8

The experimental group of high school students will attain a significantly higher mean score on the Parent-Child Role Reversal subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.

Table 16 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 17 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 16 – Mean scores of the experimental and comparison groups for the Parent-Child Role Reversal subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 12</u>		<u>Comparison Group n = 13</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	5.3	6.6	7.2	7.8
<u>SD</u>	1.61	1.98	1.79	1.72
Total cases = 25				

Note. An increase in the mean score indicates a decrease in Parent-Child Role Reversal

Table 17 – Analysis of covariance of the experimental and comparison groups for the mean scores for the Parent-Child Role Reversal subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main Effects	.156	1	.156	.060	.808
Covariates	21.706	1	27.706	8.392	.008
Error					
Total cases = 25					

* Computed using alpha = .05

Table 17 shows the F ratio for the main effects was .808, indicating no significant increase in the experimental group high school students' mean total scores for the AAPI-2 subscale: Parent-Child Role Reversal. On the basis of this data, hypothesis 8 was not retained.

Hypothesis 9

The experimental group of high school students will attain a significantly higher mean score on the Oppressing Children's Power and Independence subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of high school students.

Table 18 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 19 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 18 – Mean scores of the experimental and comparison groups for the Oppressing Children’s Power and Independence subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 12</u>		<u>Comparison Group n = 13</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	5.8	5.7	6.3	6.0
<u>SD</u>	1.48	1.72	1.18	2.68
Total cases = 25				

Note. An increase in the mean score indicates a decrease in Oppressing Children’s Power and Independence

Table 19 – Analysis of covariance of the experimental and comparison groups for the mean scores Oppressing Children’s Power and Independence subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main Effects	.265	1	.265	.050	.825
Covariates	1.975	1	1.975	.372	.548
Error					
Total cases = 25					

* Computed using alpha = .05

Table 19 shows the F ratio for the main effects was .828, indicating no significant increase in the experimental group high school students’ mean total scores for the AAPI-2 subscale: Oppressing Children’s Power and Independence. On the basis of this data, hypothesis 9 was not retained.

Research Question

Are there significant correlations between the Adult-Adolescent Parenting Inventory (AAPI-2) and the Measurement of Empathy in Adult-Child Interaction (MEACI)?

Table 20 shows the correlation coefficients (r) for the Bivariate Correlations between the AAPI-2 and the MEACI.

Table 20 - Correlation Coefficients of post-test sten scores on the subscales of the Adult-Adolescent Parenting Inventory (AAPI-2) and the mean post-test raw scores of the subscales on the Measurement of Empathy in Adult-Child Interaction (MEACI)

	AAPI Post Inappropriate Expectations	AAPI Post Empathy	AAPI Post Corporal Punishment	AAPI Post Role Reversal	AAPI Post Independence
MEACI Post Communication of Acceptance	.372*	-.182	-.212*	-.477*	.588**
MEACI Post Allowing Self Direction	.254*	-.062	-.051	-.483*	.618**
MEACI Post Involvement	.476*	.125	.060	-.329*	.639**
MEACI Post Empathy	.417*	-.066	-.077	-.432*	.609**

** Correlation is significant at the $p < .05$ level (2-tailed)

* Weak positive/negative correlation (Newton & Rudestam, 1999)

Table 20 shows the Pearson Product Moment correlation coefficients for the AAPI-2 and the MEACI post-test scores of the experimental group. The correlation between the AAPI-2 Oppressing Children's Power and Independence score and the MEACI Communication of Acceptance score was .588 which is significant at the $p < .05$ level. The correlation between the AAPI-2 Oppressing Children's Power and Independence and the MEACI Allowing Self-Direction score was .618 which is

significant at the $p < .05$ level. The correlation between the AAPI-2 Oppressing Children's Power and Independence score and the MEACI Involvement score was .639 which is significant at the $p < .05$ level. The correlation between the AAPI-2 Oppressing Children's Power and Independence score and MEACI Total Empathy score was .609 which is significant at the $p < .05$ level. Additionally, Table 20 shows that there are weak positive correlations between the following scales of the AAPI-2 and the MEACI: Inappropriate Expectations and Communication of Acceptance (.372), Inappropriate Expectations and Allowing Self Direction (.254), Inappropriate Expectations and Involvement (.476), and Inappropriate Expectations, and Total Empathy (.417). Table 20 also shows that are weak negative correlations between the following scales of the AAPI-2 and the MEACI: Parent-Child Role Reversal and Communication of Acceptance (-.477), Parent-Child Role Reversal and Allowing Self-Direction (-.483), Parent-Child Role Reversal and Involvement (-.329), Parent-Child Role Reversal and Total Empathy (-.432), and Strong Belief/Use of Corporal Punishment and Communication of Acceptance (-.212).

Discussion

The results of this study provide information regarding high school students' ability to demonstrate child-centered play therapy skill including empathy and acceptance in adult-child interactions and parenting attitudes toward children. Interpretations of the findings are provided in the following sections.

Empathy in Adult-Child Interactions

As revealed in Tables 2 through 9 the experimental group of high school students demonstrated statistically significant increases in empathic behavior during observed play sessions with children as measured by the three subscales of the Measurement in Empathy in Adult-Child Interaction. The experimental group of high school students' post-test mean total score ($p < .001$) decreased a remarkable 21 points, while the comparison group decreased by only 3 points. Note: on this scale, a decrease in the mean score indicates an increase in the desired behavior. These results are noteworthy because they are based on direct observation of specific skills by a trained professional rather than self-report measures.

Communication of Acceptance

While the high school students in the experimental group demonstrated improved skill in communicating acceptance of children, the comparison group actually decreased in this area. These findings confirm that filial therapy training is effective in not only developing communication of empathy, but also acceptance of children by high school students. Reflecting an understanding of children's feelings was a regular topic of supervision and an area of great growth by the experimental group high school students as demonstrated by a significant improvement between the pretest and posttest scores. It is worth noting that the observed power in these hypotheses was at a 1.00 level for all four measures of the MEACI, indicating an extremely low probability of rejecting a null when it is true.

These scores verify that the child-centered play therapy training helped high school students in the experimental group improve their ability to communicate acceptance toward children. The ability to communicate acceptance of children is a crucial skill in developing a meaningful relationship with children. The four key messages a play therapist wants to convey, I'm here, I hear you, I understand and I care (Landreth, 1991) have to be preceded with acceptance. When a child experiences being accepted unconditionally, the child will in turn, feel positively about themselves.

Allowing the Self Direction

As revealed in Tables 8 through 10, the experimental group of high school students demonstrated statistically significant increases in allowing the child self-direction. On this subscale, the experimental group demonstrated the greatest amount of change as compared to the comparison group. The significant findings suggest that filial therapy is effective in training high school students to facilitate a child's self direction, autonomy, and problem solving skills. Similar results in previous filial training research studies support this finding (Brown, 2000; Bratton & Landreth, 1995; Costas and Landreth, 1999).

Parenting Attitudes

As can be seen in tables 11-19, the participants in the experimental group demonstrated slight increases on the AAPI-2 subscales measuring perceived appropriate expectations of children, questioning the use of corporal punishment, and appropriate roles with children. These findings indicate that while the filial training included instruction in relationship skills, it had a minimal impact on parenting attitudes of

experimental group participants. The content material covered by the comparison group explains to some extent the lack of significant findings for the experimental group in these subscales. In addition, the AAPI-2 seems to measure specific parenting information, which is not information generally included in filial therapy training.

The experimental group achieved increased scores in the areas of Inappropriate Expectations and Role Reversal when compared to the comparison group. It is important to note that the experimental and comparison groups scored in the high average to above average range on pre-test measures on the AAPI-2. These scores suggest previous knowledge of some parenting attitudes. Their pretest scores were sufficiently high enough to make any measurable growth difficult to detect. These findings are consistent with Brown (2000).

Parental Attitudes and Empathy in Child Interactions

As can be seen in Table 20, there are a limited number of significant correlations between the post-test scores on the scales of the AAPI-2 and the MEACI. The statistical relationships can be better understood with a more detailed explanation of the filial training that the adolescents received in this study. The table also reveals that there were no correlations between specific constructs of the two instruments where correlations would be expected based on the description of the parenting constructs measured and experiences the adolescents had during the filial therapy training. The corollary philosophical principles underlying filial therapy training will also elucidate the correlations, or lack thereof, between the AAPI-2 and the MEACI.

One of the essential components in any meaningful interpersonal interaction is empathy. In intimate relationships empathy effectively connects two individuals with the result being an awareness and visceral understanding of another individual's emotional experiences. It can be argued that of all of the social relationships that an individual will experience, the parent-child relationship is the most important and the relationship where empathy is most important. This first relationship with another person, the child and the parent, affects future relationships encountered as the child matures. The effects of parental relationships become cyclical as the ability, or inability, to empathize passes from generation to the next.

This ability of one person, in this study a pre-parenting adolescent, to understand the inner experience of another, a child, is paramount to establishing the foundation for healthy parenting attitudes and practices. This study demonstrated the empathic abilities of adolescents while having play sessions with young children and the relationship of empathy with other parenting attitudes. The MEACI's total empathy score includes the concepts: (1) Communication of Acceptance of the child, (2) Allowing the Child Self-direction, and (3) Involvement with the child.

Communication of Acceptance is the verbal expression of acceptance or rejection of a child on the MEACI and includes reflection of feelings "you're really proud of..." or "that makes you angry..." as examples of acceptance. Statements on the MEACI indicating strongly critical comments such as "I told you to do it the other way" or "it's not nice to feel/say..." suggest a harsh rejecting approach with children. Communicating care through reflective listening and understanding of feelings promotes a warm

relationship between a care-giver and child. Through this validation of feelings and reciprocity there is an increase in willingness in the child to respect adults' feelings and ideas while also building trust and confidence in the parent-child relationship. The care-giver, or parent, willing to listen without giving advice and putting aside one's own feelings and personal experiences, is sincerely attempting to see situations and feelings truly from the child's point of view. This unconditional acceptance facilitates an awareness that a child can depend on others for support and encourages independence. This development of a strong bond between parent and child serves as a firm foundation for future child mental health, positive self-concept and appropriate role-modeling for the child for future interactions with peers and society as a whole.

Allowing the Child Self-Direction on the MEACI is the behavioral willingness to follow the child's lead rather than direct or control the child's behavior. Statements on the MEACI describing a willingness to follow include: "You'd like me to...", "I'm suppose to", and "Show me what you want me to...". Statements that convey adult-directing and wanting to be in control include: "No, take this one..", "Put the doll away first...", and "You've got to..". While the "willingness to follow" statements seem to promote unlimited power and choice by the child, in allowing the child self-direction, reflection of the child's desire or want does not necessitate complete compliance by the care-giver. This type of situation would not facilitate emotional and social growth of the child and could create a chaotic, disorganized, unpredictable parent-child relationship.

Allowing the child self-direction, with appropriate limits, has benefits to both the child and the parent-child relationship. First, permissiveness with particular limits

encourages self-discipline, self-control and self-responsibility. Second, establishing limits while allowing the child self-direction promotes a healthy parent-child relationship utilizing discipline methods that do not interfere with the development of a positive self-concept while encouraging trust, a sense of safety and emotional security.

Setting limits with children as taught in filial therapy, still allows for the expression of self. The child's desire or need to express feelings in an undesirable fashion (i.e. coloring on walls) is channeled into more appropriate assertions of self. The steps of setting limits as taught in filial therapy, encourages parental acceptance of the child. Recognition of the feeling, want or desire, conveys acceptance of the child's motivation and feelings. Communicating a limit as a clear statement leaves little room for argument as to what is expected in a given situation and allows the opportunity for a child to act responsibly. Providing alternatives to express feelings or desires offers children the choice of following through without being told what to do by a parent. The child learns self-responsibility through this process. Limit setting as communicated in filial therapy also conveys to the child protecting the safety of self, other people and the property of others.

Allowing the child self-direction in the parent-child relationship facilitates acceptance of the child's inherent growth potential and promotes consistency. Because limits are determined according to the developmental level of the child, this knowledge could potentially decrease frustration and anxiety for both the parent and the child. Appropriately setting limits prevents more harsh discipline methods and provides an environment for growth and learning. Anticipating potential problem areas with children

and setting appropriate limits provides a positive action-oriented alternative to solve problems as they come up, or avoid them altogether, before having to resort to severe punishment. Additionally, decisions and choices made by the child without the parent having to “make” or “force” the child to obey, are met with less resistance on the part of the child while encouraging independence and responsibility. Children are more likely to follow through on solutions that they arrive at themselves.

Involvement on the MEACI is the adult’s attention to and participation in the child’s activity, whether it be positive or negative. An adult who is fully observant with the child is involved both verbally and physically with the child in the play-time; there is more attention given the child than to the toys. Less involvement on the part of the adult is demonstrated when the child is ignored for long periods of time and a child must repeat a statement or question or prompt the parent in some other way to get a response; the parent is self-involved or shut-off from the child. Parents that are involved with their children are verbally responsive participants in interactions with their children. Tracking children’s behavior and feelings, both verbally and non-verbally, conveys to the child a level of involvement expected in a parent-child relationship. This level of involvement promotes feelings of security and warmth and communicates to the child that the parent is interested, the parent cares and readily available to meet the needs of their children.

It is not surprising that there was a statistically significant positive correlation between the Empathy, Communication of Acceptance, Allowing Self-Direction and Involvement scores on the MEACI and the Oppressing the Child’s Power and Independence on the AAPI-2. According to the AAPI-2 individuals that score high on

this parenting construct place a strong value on children feeling empowered through the use of choices, problem-solving, and expression of opinions and feelings. The dimensions are taught in filial therapy through the direct observation of videotaped play sessions the high school students significantly improved in their ability to empathize with children. Reflection of feelings, tracking the child's behavior, setting appropriate limits and following the lead of the child convey acceptance and a willingness of the part of the high school students to demonstrate a strong motivation to attempt to view the world through the eyes of a child.

There were weak negative correlations between the scores on all of the MEACI scales and the AAPI-2 parenting construct Parent-Child Role Reversal. High scores on the role reversal scale indicate an understanding and acceptance of the needs of self and children. The negative correlations suggest that as the high school students developed the capacity for relating empathically to children, there was a decrease in reversing roles with the child. The high school students seemed to be comfortable with the child's independence and secure in the approach to children; the needs of the children took precedence over the needs of the students. Even at the development level of adolescence, the high school students were able to differentiate between their own needs and the children's needs.

There were weak positive correlations between the scores on all of the MEACI scales and the AAPI-2 parenting construct Inappropriate Expectations of Children. High scores on this construct suggest general acceptance of developmental capabilities and limitations of children and encouragement of the child's self-growth. Filial therapy

training indirectly addresses the concept of developmental expectations. Even without specific knowledge of child development, an empathic connection, acceptance, and allowing the child self-direction facilitates the self-growth that this instrument is measuring.

Finally, there was a weak negative correlation between the scores on the MEACI Communication of Acceptance scale and the AAPI-2 parenting construct the Value and Belief of Corporal Punishment. High scores on this parenting construct often support positive empathic attitudes of children's needs and a dislike for spanking children. Teaching the high school students to verbally convey acceptance of feelings, affected their beliefs in the value of corporal punishment. It appears that as the adolescents employed reflection of feelings of the children and demonstrated acceptance, the less they believed in the use of corporal punishment as a form of discipline. One participant, a 16-year old boy, shared this with the researcher and his peers: 'I still get hit, even at my age. It's so degrading'.

Based on the Empathy scale of the MEACI and the description of the Parental Lack of an Empathic Awareness of Children's Needs on the AAPI-2, one would expect a correlation. It can be hypothesized however, that although the descriptions look as if the same construct is being measured, examples of questions from the instruments may explain why there was not a correlation. The MEACI is a measurement of direct interactions between an adult and a child. The implementation of empathic responses such as "You're proud..." or "You're sad..." in the filial therapy training is different than the empathy that is measured on the AAPI-2. Examples of specific statements from the

AAPI-2 demonstrate this difference: ‘Two-year old children make a terrible mess of everything’ and ‘A good child sleeps through the night’. These examples provide a plausible explanation as to why there was not a correlation between the two scales of these instruments. The AAPI-2 Empathy subscale seems to measure specific factual information regarding child development and does not measure empathy as described in the mental health profession.

Based on the findings of the correlations between the Measurement of Empathy in Adult-Child Interaction and the Adult-Adolescent Parenting Inventory, the high school students from this study have a firm foundation in the implementation and knowledge of healthy parenting practices.

Limitations

The following limitations are offered as possible confounding issues in this present study.

Small Sample Size

Due to the small sample size of this research study (experimental group n=16; comparison group n=15 (MEACI) and experimental group n=12; comparison group n=13 (AAPI-2)) some Analyses of Covariance were not statistically significant. For example, on the AAPI the power ranged from .187 to .808 and thus there was an unacceptable level of power to confirm significance if it were present. A larger sample size would increase power to an appropriate level of .800, or 80% chance of finding significance if it were present. An increased sample size would serve to boost the power in retained hypotheses as well, and validate robust findings.

Assumption of Independent Samples

The results of this study on the AAPI-2 may be limited due to the specific population of high school students and cluster sampling of available groups. Naturally occurring cluster samples were used in this quasi-experimental study. The group of high school students in this study would not be considered an at-risk group; acceptance into the PALs program is contingent upon a high grade point average, community service involvement and a career interest in helping professions. The use of a true experimental design would have served to increase both the observed power and the effect size. The participants of this study were volunteers from one high school in North Texas and was not a representative ethnic sample.

Implications

This training resulted in statistically significant increased levels of empathy, acceptance, allowing the child self-direction, and appropriate involvement with the child. These skills provide adolescents with an advanced experience and knowledge of the importance of acceptance and empathy in working with children.

A corollary of these skills could potentially increase not only the self-concept of children, but also the adolescents' own self-concept as they will now enter into a parenting situation feeling competent. Through appropriate relationship skills and limit setting as trained in child-centered play therapy, high school students are equipped with the skills necessary to parent their own children in a way that facilitates healthy emotional development. Utilizing relationship skills to initiate a meaningful contact with a difficult to reach child can also decrease parental stress. Through the use of child-

centered play therapy skills, the high school student as a future parent will be able to establish meaningful emotional bonds with their own children, thereby facilitating a fulfilling parent-child relationship and potentially decreasing parental stress.

Recommendations

Based on the results of this study, the following recommendations are offered:

1. Conduct a replication of this study using a larger sample size. This would make the findings more representative of the general populations regarding gender and ethnicity.
2. Conduct a comparative research study with other populations identified as being at-risk for negative parenting patterns.
3. Conduct a follow-up study with the participants of this study. This would
4. Provide more information regarding the retention and utilization of the filial skills taught several years after the initial training.
5. Replicate this current study utilizing a control group.
6. Implement filial therapy training throughout high school curriculums. This would provide the foundation for more appropriate future parenting skills and general interpersonal relationships.
7. Follow-up study one year post-training and two years post-training to determine the retention and implementation of the filial skills one and two years after training.

8. Train the PALs teacher in filial skills to include supervision and weekly play sessions with a child. This would enhance the students learning of the filial skills with consistent modeling and experiencing of empathic and accepting responses.
9. Increase the length of weekly supervision time with the high school students. An additional thirty minutes would facilitate a stronger supervisory relationship to explore how the training impacts other facets of the high school students' lives.

Concluding Remarks

The motivation behind this study was to test the hypothesis that a filial therapy training model would be beneficial for high school students in order to promote healthy parenting attitudes and behaviors in preparation for parenthood. This program could serve as a preventative parenting intervention for adolescents and other individuals who, at some point, will experience parenthood. It may be possible to reduce future parenting problems by implementing pre-parent education at the high school level. The statistically significant increases in empathy with children, acceptance of children, involvement with children and allowing the child self-direction necessitates continued implementation of filial therapy with high school students. These results have successfully demonstrated that it is possible to increase high school students' ability to respond empathically to children through pre-parent education utilizing filial therapy.

Filial therapy is one method by which high school students and other pre-parents can receive education about parenting attitudes and practices and move toward establishing a trusting and healthy relationship with children beginning at the time of

birth. A healthy parent-child relationship is essential to the future mental health of children.

APPENDIX A

RESEARCH INFORMATION AND INFORMED CONSENT

INFORMED CONSENT
PALS - RESEARCH INFORMED CONSENT FOR PARENTS/GUARDIANS
High School Students

Your child is invited to participate in a study to determine the effectiveness of Child Centered Play Times provided by PALS trained in play time techniques. Participation is completely voluntary.

As part of your child's PALS training, they will be asked to participate in 20-minute play time once a week during the 1999-2000 school year. Your child will receive training and supervision through video tapes to implement the playtime techniques with kindergarten students throughout the study. Your child will also be asked to complete questionnaires at the beginning of the study, the middle of the study, and again at the completion of the study.

The play times are based on the fact that play is the natural medium of communication for children. Selected play materials are utilized to help young children express feelings, thoughts, experiences, and behaviors. Through the use of the toys and the special playtimes, your child will learn a new way to interact and communicate with young children.

The information your child provides when they answer the questionnaires will be kept confidential, and will not be disclosed in any publication or discussion of this material. All information will be recorded with code numbers to preserve confidentiality. Only the researchers, Leslie Jones, Research Assistant, the PALS teachers, and the children's teachers will know the participants' names. At the end of the study the list of names will be destroyed. The only exceptions to confidentiality are if a) the child discloses abuse, neglect, or exploitation, b) the child is a danger to oneself or to someone else, c) a court orders disclosure of information, or d) the parent or legal guardian requests release of information.

There is no personal risk or discomfort directly involved with this study. You and/or your child may choose to withdraw at any time without penalty or prejudice. Your decision whether or not to participate will not affect your child's standing at school. At the conclusion of the study, a summary of results will be made available to all interested parents and teachers.

If you agree to participate, please fill out and sign this consent form. For further information, please contact the High School PALS teacher Mrs. Miller; or Dr. Sue Bratton, Faculty Supervisor, Department of Counseling, Development, and Higher Education, University of North Texas at 565-2066.

Your signature below indicates that you understand all the information presented on this form and any questions you have about the research have been answered to your satisfaction. Participation is completely voluntary and you and/or your child may choose to withdraw at any time during the study. A signed copy of the informed consent will be provided for you.

Signature of Parent or Legal Guardian _____ Date _____

Name of Child _____ Date _____

Signature of Investigator _____ Date _____

This project has been reviewed and approved by the University of North Texas Institutional Review Board for the protection of human subjects (940) 565-3940.

ASSENT FORM

HIGH SCHOOL PARTICIPANT'S CONSENT FORM

My name is: _____

I agree to participate in the special play time training sessions for PAL students. I agree to:

- 1) attend training sessions during my PAL class time,
- 2) conduct a weekly 20 minute play time with my assigned student, and
- 3) complete questionnaires.

I understand that my participation is voluntary and confidential and that I may choose to withdraw at any time during the study.

When I sign my name on this paper, it means I agree to participate in the activities listed above. A signed copy of the informed consent will be provided for you.

Student's Name _____ Date _____

Signature of Witness _____ Date _____

This project has been reviewed and approved by the University of North Texas Institutional Review Board for the protection of human subjects (940) 565-3940.

APPENDIX B

FILIAL THERAPY TRAINING HANDOUTS

**Identifying Feelings
(Session 1 Handout)**

Identify the feeling expressed by each of the following statements.

1. "That's a stupid old dart gun. It won't work."

Feeling: _____

Reflection of feeling: _____

2. "I'm invited to Dana's birthday party!"

Feeling: _____

Reflection of feeling: _____

3. "I'm big and strong. Pow! See how I knocked that down"

Feeling: _____

Reflection of feeling: _____

4. "I got to be line leader all day today I was first everywhere we went."

Feeling: _____

Reflection of feeling: _____

5. "Jason knocked down my castle. He did it on purpose, too."

Feeling: _____

Reflection of feeling: _____

Originally developed by Landreth (1991)
Modified by Jones (2001)

**Facilitating Reflective Communication
(Session 2 Handout)**

What response would you make to the following situations if you were practicing reflective communication?

1. Joe: (with red face and tears in his eyes) We lost. That team didn't play fair!

2. Jill: (enters with C- test paper) I tried so hard but it didn't do any good.

3. John: (playing with a Barbie doll) I don't get to play with these at home.

4. Carol: (looking through the doorway to a dark room) What's in there? Will you come with me?

5. Charlie: (showing his torn painting from school) Look. Isn't it neat? My teacher said I was a good artist!

Originally developed by Landreth (1991)
Modified by Jones (2001)

The Basic Principles of Special Play Times (Session 3 Handout)

1. Develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. Accept the child exactly as the child is.
3. Establish a feeling of permissiveness in the relationship so that the child feels free to express feelings completely.
4. Recognize the feelings the child is expressing and reflect those feelings back to the child.
5. Know the child has the ability to solve problems on their own.
6. Let the child lead. Do not try to direct the child's actions.
7. Only set limits that are necessary.

Originally developed by Axline (1947) and Landreth (1991)
Modified by Jones (2001)

Do's and Don'ts of Playtimes
(Session 3 Handout)

Don'ts

- | | |
|------------------------------------|--------------------------|
| 1. Don't criticize any behavior | 5. Don't preach |
| 2. Don't praise the child | 6. Don't initiate new |
| 3. Don't ask leading questions | behavior (First six |
| 4. Don't give information or teach | are taken from Guernsey, |
| | 1972) |
| | 7. Don't be passive |

Dos

1. Do set the stage

2. Do let the child lead

3. Do track behavior

4. Do reflect the child's feelings

5. Do set limits

6. Do focus on the child's efforts

7. Do join in the play as a follower

8. Do be verbally active

Originally developed by Landreth (1991)

**Play Time Responses
(Session 4 Handout)**

Circle the response that you think is better.

1. Child sets up the bowling pins and then rolls the ball and knocks them down.
 - a. You are setting those up then knocking them down.
 - b. Let me show you how to play bowling.
 - c. You are doing a great job!
2. Child says, "Let's play house. You be the baby and I will be the mommy."
 - a. Ok but I'll be the mommy and you be the baby.
 - b. Let's play with the play-do instead
 - c. You decided what you want us to play.
3. Child is standing in the middle of the toys looking at them and then looking at you.
 - a. You are not sure what you want to play with first.
 - b. You can play with the doll or the army men.
 - c. What do you want to do?
4. Child picks up the snake, moves it across the floor, and makes a hissing sound.
 - a. That snake is scary.
 - b. You are making that move and hissing.
 - c. You are making a great hissing sound.
5. Child asks, "What do you want to play next?"
 - a. Let's play crayons and paper.
 - b. In here you can decide what you want to play.
 - c. I don't care.

Originally developed by Landreth (1991)
Modified by Jones (2001)

Limit Setting during Play Time (Session 4 Handout)

1. Acknowledge the child's feelings, wishes, and wants:

Ex: Johnny, I know you really want to . . .

Johnny, you seem really upset

2. Communicate the limit:

Ex: The wall is not for painting

People are not for hitting

3. Target Acceptable Alternatives:

Ex: You can paint the paper on the table

You can hit the pillow

The Ultimate Limit: You can choose _____ or you can choose _____.

Ex: Johnny, you can choose to paint on the paper or you can choose not to play with the paint next time.

Examples of basic limits:

1. Jimmy, I know you would like to shoot the gun at me
2. But I'm not for shooting
3. You can choose to shoot the floor or that (point at something acceptable)

1. Susie, I know you would like to paint the wall
2. But the wall is not for painting
3. You can choose to paint on that paper in front of you or that paper over there.

Originally developed by Landreth (1991)

Play Time Review

(Session 4 Handout)

1. List three tracking responses you heard.
 - a. _____
 - b. _____
 - c. _____
2. List three reflections of feelings you heard.
 - a. _____
 - b. _____
 - c. _____
3. List three things you thought the play-time leader did well.
 - a. _____
 - b. _____
 - c. _____
4. List three things you would do differently.
 - a. _____
 - b. _____
 - c. _____

Originally developed by Landreth (1991)
Modified by Jones (2001)

QUIZ
(Session 5 Handout)

Answer the following as either **True** or **False**.

- _____ 1. You should answer children's questions.
- _____ 2. Always praise creativity and freedom.
- _____ 3. What a child doesn't do is as important as what the child does.
- _____ 4. In play, children express what their lives are like now, what their needs are, or how they wish things could be.
- _____ 5. It is not important what the child knows or believes.
- _____ 6. Recognizing children's feelings can help them feel understood.
- _____ 7. Children should be pushed so they can become something more in the future.
- _____ 8. By simply noticing the child, the child's self-esteem will rise.
- _____ 9. Children live in their minds, not their hearts.
- _____ 10. You should solve children's problems for them so they learn how to solve them in the future.
- _____ 11. If you think something is too difficult for a child, you should let the child know that they can't do it.
- _____ 12. You should reflect questions back to the child.
- _____ 13. Don't give children credit for making decisions because they might want more responsibility in the future.
- _____ 14. What a child believes is very important.
- _____ 15. You should be flexible in your time with you child.

**Common Problems
(Session 6 Handout)**

1. My PAL notices I talk differently in the play times, and wants me to talk normally.
2. My PAL asks many questions during the play-time and gets upset when I don't answer.
3. My PAL just plays and has fun. What am I doing wrong?
4. I'm bored. What's the value of this?
5. My PAL doesn't respond to my comments. How do I know I'm right?
6. When is it o.k. for me to ask questions?
7. My PAL hates the play time. What can I do?

Originally developed by Landreth (1991)
Modified by Jones (2001)

Play Session 2
(Session 7 Handout)

Identify three feelings your child expressed during your play session:

1. Feeling 1: _____

What child was doing when the feeling was noticed:

2. Feeling 2: _____

What child was doing when the feeling was noticed:

3. Feeling 3: _____

What child was doing when the feeling was noticed:

List three tracking responses you used during your playtime.

4. Child's behavior: _____

My Response: _____

5. Child's behavior: _____

My Response: _____

6. Child's behavior: _____

My Response: _____

Things to remember
(Session 8 Handout)

1. Reflective responses can lessen anger.
2. What's important is not what the child knows, but what the child believes.
3. When you solve the problem for the child, you lose sight of the child.
4. Give children credit for making decisions: "You've decided to ____."
5. Today is enough. Don't push children toward the future.
6. One of the best things we can communicate to our children is that they are competent. Tell children they are capable and they will think they are capable. If you tell children enough times they can't do something, and sure enough, they can't.
7. In the play times, the older person is not the source of answers. Reflect questions back to the child.
8. Free the child. With freedom comes responsibility.
9. Noticing the child is a powerful builder of self-esteem.
10. Support the child's intent even if you can't support the child's behavior.
11. When we are flexible within our play time, we can handle surprises and emotions (such as anger) much more easily.
12. Questions imply non-understanding. Questions put people in their minds. Children live in their hearts.
13. Where there are no limits, there is no security.
14. In the play times, encourage creativity and freedom.
15. In play, children express what their lives are like now, what their needs are, or how they wish things could be.
16. What a child doesn't do is as important as what the child does.

Originally developed by Landreth (1991)
 Modified by Jones (2001)

Self-Evaluation for PAL Play Sessions

1. What did I do well? (Use Examples)

2. What did I do poorly? (Use Examples)

3. I would like to improve on

4. What did my PAL play with the most during the session?

5. What feelings did I have during the session?

APPENDIX C

DIBS IN SEARCH OF SELF MATERIALS

The following Dibs materials are compressed.

Dibs: In Search of Self

Prologue, Introduction, Chapters 1 and 2 (pages ix-32)

Name _____

1. What are your initial reactions to Dibs?
 - 1.
 - 2.
 - 3.
2. What problems are getting in the way of Dibs doing well in school?
3. Describe the behaviors she saw in the classroom?
4. Would you consider this behavior normal for a five-year-old child?
5. What did the author (Axline) tell Dibs as they entered the play room?
6. How is that similar to how you introduced the play area and toys to your PALee?
List some words you did not understand.

Developed by Bratton, Hilpl, Jones, Rhine (2000)

Dibs: In Search of Self

Chapters 3 through 5 (pages 32-60)

Name _____

1. Describe Dibs' mom.
 2. What did you think of her?
 3. How did the author respond to Dibs in the playroom?
 4. How was what she did helpful?
 5. How did that benefit the child?
 6. What did the author hope Dibs would get from their time spent together?
 7. What did Axline do to work toward her hopes/goals for Dibs?
 8. Reread the last paragraph of page 46 through the end of the chapter.
Why is it important that Dibs not sense criticism from the author?
 9. What would you have done differently from the author?
 10. How is Dibs different from the first time he was in the playroom?
- Developed by Bratton, Hilpl, Jones, Rhine (2000)

Dibs: In Search of Self

Chapters 6 through 8 (pages 60-93)

Name _____

1. How is what Axline stated on page 63 similar to how you interact with your PALee?
I did not press him to tell me what he was thinking. I wanted him to experience more than a question-and-answer exercise. I wanted him to feel and experience his total self in our relationship—and not to confine it to any one kind of behavior. I wanted him to learn that he was a person of many parts, with his ups and downs, his loves and hates, his fears and courage, his infantile desires and his more mature interest. I wanted him to learn by experience the responsibility of assuming the initiative to use his capacities in his relationships with people. I did not want to direct it into any single channel by praise, suggestion, questions. I might miss completely the essence of this child's total personality if I jumped to any premature conclusions. (Axline, 1964, 63)
2. What are the two basic truths that Axline is trying to communicate through her play times with Dibs?
3. How did Dibs deal with his disappointment differently in chapter 7 than he had previously?
4. How does the father respond to Dibs? What kind of messages does that send to the child as compared to Axline's comments?
5. In what ways is Dibs like his parents?
6. What are some similarities between how Axline interacts with Dibs and his mother?
7. In chapter 8 Dibs' mom describes her experience with her son; how do you think that has affected Dibs?
8. How has your interactions with your PALee changed your ideas of kids?
9. At one point a psychiatrist told Dibs' parents that it was the parents that needed the help, not Dibs. Explain why you agree or disagree with this.

Developed by Bratton, Hilpl, Jones, Rhine (2000)

Dibs: In Search of Self

Chapters 9 through 12 (pages 94-127)

Name _____

Due: Monday, April 17, 2000

1. Describe how Dibs continues to change during the special play times.
2. How would you reflect the feelings that Dibs is singing about in chapter 9?
3. What is it about the special play time that he enjoys so much that he doesn't want to leave? The author uses many questions.
4. Write down three questions she uses and three reflections you would have made instead.
 1.
Better response:
 2.
Better response:
 3.
Better response:
5. Why do you think Dibs had such strong negative feelings toward his father?
6. What was it about Dibs' father's parenting style that triggered such strong negative feelings in Dibs?
7. If you were Dibs' father, how would you treat Dibs that's different that how Dibs' father does? Give at least two specific examples.
 - 1.
 - 2.
 - 3.
 - 4.
8. Describe the types of people that Dibs feels the most connected to such as Miss. A and Jake.
9. How does Dibs act freer in Chapter 12 than he did prior to Chapter 12?
10. Why are material things not enough for a child to flourish and grow? What do you think are the most important non-tangible things that a parent can offer a child?

Developed by Bratton, Hilpl, Jones, Rhine (2000)

Dibs: In Search of Self

Chapters 13 through 15 (pages 127- 155)

Name _____

Due: Wednesday, April 19, 2000

1. When Dibs' put a big X on the calendar and said it is his most important day, why do you think that day was so important to him?
2. What feelings did Dibs' express through his play?
3. How have Dibs' mother's feelings changed?
4. How is Dibs relating to Miss A in the following passage:
"You do not call me stupid, he said. I say help, you help. I say I don't know, you know. I say I can't, you can."
5. How does he perceive Miss A?
6. How is that different from how he perceives other adults in his life?
7. How did Dibs respond when Miss A gave him specific instructions regarding the scouring powder?
8. Why is it important to let kids discover things on their own?
9. How can you tell that Dibs is starting to himself?
10. What does Dibs say about his relationship with his father in chapter 15?
11. What is it about being in the play room with Miss A that makes him feel safe that he doesn't feel at his home?
12. What are the parents' expectations about the lamp that Dibs' expresses?
13. Do you believe these to be realistic expectations? What has Miss A. shown him that has unlocked all the doors for Dibs?

Developed by Bratton, Hilpl, Jones, Rhine (2000)

Dibs: In Search of Self

Chapters 16 through 19 (pages 127- 155)

Name _____

Due: Friday, April 21, 2000

1. What was the reasoning behind Dibs' not talking?
2. How does Dibs act out his aggression?
3. What is it significant that Dibs begins talking in first person?
4. "In here it's all right to just be." How might this be similar to your PALee's experience in the special play time with you?
5. What didn't Dibs' mother like about her own parenting style?
6. How would she like to change her parenting style?
7. How does Dibs' behavior change at school?
8. What do you think Dibs dislikes the most about his father's parenting style?
9. What was it that changes Dibs' attitude toward his dad?

Developed by Bratton, Hilpl, Jones, Rhine (2000)

Dibs: In Search of Self

Chapters 20 through 24 (pages 189- 214) Name_____

Due: Monday, April 24, 2000

1. How does Dibs now feel about his sister?
2. What resolution about his family did Dibs come to in the playroom?
3. What are the indicators that Dibs has matured?
4. What feelings is Dibs now exhibiting in his play?
5. How are those feelings different from his beginning play behaviors?
6. Explain what you think is important in Chapter 22?
7. What did Miss A say Dibs had learned about himself through the play sessions?
8. Why is it important for Dibs to say “Goodbye” to all of the playroom toys?
9. How have Dibs’ family’s interactions changed?
10. How did you, personally, feel as you read about Miss A’s last interaction with Dibs (when they met on the street)?
11. Years later, Dibs remembers his special play time with Miss A. What do you hope your PALee will remember most about the special play times with you?
12. How do you think your special play times will impact your PALee in the future?

Developed by Bratton, Hilpl, Jones, Rhine (2000)

APPENDIX D

MEASUREMENT OF EMPATHY IN PARENT CHILD INTERACTION FORM

MEASUREMENT OF EMPATHY IN ADULT-CHILD INTERACTION Rating Form

Rater:	Video Tape Code #:
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Communication of Acceptance verbal expression of acceptance / rejection

1. Verbally Conveys Acceptance of Feelings. *You're proud of..., You really like..., That makes you angry...*
2. Verbally Recognizes & Accepts Behavior Only (tracking, giving credit): *You got it that time., Your hitting the..., You really stabbed...*
3. Social or NQ Conversation: *Mothers aren't very good at that. These are nice toys.*
4. Slight to Moderate Verbal Criticism: *No, not that way. You'll have to be more careful. That's cheating. You'll ruin the paints.*
5. Strongly Critical / Preaching / Rejecting: *You see, I told you to do it the other way. It's not nice to feel/say..., How stupid! You're being nasty.*

Allowing the Child Self-Direction: behavioral willingness to follow the child's lead (rather than control the child's behavior).

1. Follows the Child's Lead (no verbal comment necessary): *You'd like me to..., I'm supposed to..., Show me what you want me...(whisper tech.)*
2. Allows Child Option for Lead-Taking but asks / volunteers info: *gives praise: What shall we do? "Good", You can shoot this. You did it right.*
3. Adult Takes Lead (teaching child how to do): *Are you sure that's how..., See if you can do..., Take your time and aim, It might work better...*
4. Directs or Instructs Child (initiates new activity): *Put the doll away first. Why don't you..., Let's play..., Don't put the...*
5. Persuades, Demands, Interrupts, Interferes, Insists: *No, take this one, That's enough, I told you not to..., You've got to...*

Involvement adult's attention to and participation in the child's activity (may not always contribute in a positive way)

1. Fully Observant (more attention to child than to objects being used): *involved verbally and with "eyes" (& physically when invited by child)*
2. High Level of Attention (attention to activity rather than child): *when adult more involved in game than attending to child's reactions/ behaviors*
3. Marginal Attention: *no joint activity, adult involved in own activity to degree that it interferes with attentiveness occasionally comments on child's activity*
4. Partially Withdraw / Preoccupied: *infrequently observes, but doesn't comment, fails to attends to child's needs but responds when asked by child.*
5. Self-involved / Shut Off: *child ignored for prolonged period, child must repeat or prompt to get a response.*

DIRECTIONS FOR SCORING: A rating is made every 3 minute interval for 6 intervals (scoring is retrospective)
(Highest score = 1; Lowest score = 5)

<u>Communication of Acceptance</u>	1	2	3	4	5	6	Total	Score / Avg Total
Score Highest Level								
Score Lowest Level								
Comments:								

<u>Allowing Self Direction</u>	1	2	3	4	5	6	Total	Score / Total
Score Lowest Level								
Comments:								

<u>Involvement</u>	1	2	3	4	5	6	Total	Score / Total
Score Lowest Level								
Comments:								

<u>Empathy Score</u>	Grand Total:

[This form was adapted by Bratton (1993) from Stover, B.Guerney, and O'Connell (1971)]

APPENDIX E

TOYS FOR PLAY TIME SET-UP

Toys for Play Time Set-up

Doctor's kit
Baby doll/bottle/blankets
Dishes/food
Doll family/furniture (put these in box top)
Paper/scissors/crayons/Play Doh
Deck of cards
Tambourine
Bowling/Dart game
Mask
Money
Phone
Compass/Walkie-talkie
Soldiers
Car
Animals/Dinosaurs/Bugs
Alligator/snake
Rope
Bop bag

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